

REPORT OF HAZARD, UNSAFE CONDITION OR PRACTICE**I. Employee's Action**

Area (Specify Work Location)

Describe Hazard, Unsafe Condition or Practice. Recommended Corrective Action.

Employee

Signature

Date and Tour

II. Supervisor's Action

Recommend or Describe Specific Action Taken to Eliminate the Hazard, Unsafe Condition or Practice. (If Corrective Action Has Been Taken, Indicate the Date of Abatement.)

Supervisor

Signature

Date

III. Approving Official's Action

(Check One and Complete)

The Following Corrective Action was Taken to Eliminate the Hazard, Unsafe Condition or Practice (Indicate Date of Abatement):

A Work Order Has Been Submitted to the Manager, Plant Maintenance, to Effect the Following Change:

There Are No Reasonable Grounds to Determine Such a Hazard Exists. This Decision is Based Upon:

Approving Official

Signature

Date

Date Employee
Notified**IV. Maintenance Action (Complete If Necessary)**

Maintenance Supervisor

Signature

Date

Date Hazard
Abated