

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
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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
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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
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