U.S. POSTAL SERVICE

REPORT OF HAZARD, UNSAFE CONDITION OR PRACTICE

Hazard Control Number	
(Assigned by Safety Office)	

	1.	Employee's Action			
Area (Specify Work Location)					
Describe Hazard, Unsafe Condition or Practice. Recommended Corrective Action.					
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	Signature		Date and Tour		
Employee	Signature		Date and 104.		
7.87	11.	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.)					
	Signature		Date		
Supervisor	Signature		Date		
III. Approving Official's Action (Check One and Complete)					
The Following Corrective Action	on was Taken to Eliminat	te the Hazard, Unsafe Condition or Practice (India	cate Date of Abater	nent):	
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:					
	Signature		Date	Date Employee	
Approving Official	Signature		Date	Notified	
IV. Maintenance Action (Complete If Necessary)					
Maintenance Supervisor	Signature		Date	Date Hazard Abated	

WHITE—Local Safety Office (After Abatement)
YELLOW—Approving Official

PINK — Local Safety Office (Initial Notice)
BLUE — Employee