

# REPORT OF HAZARD, UNSAFE CONDITION OR PRACTICE

## I. Employee's Action

<i>Area (Specify Work Location)</i>		
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. <i>(If Corrective Action Has Been Taken, Indicate the Date of Abatement.)</i>		
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 <i>(Indicate Date of Abatement)</i> :		
	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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