REPORT OF UNSAFE CONDITION OR
UNSAFE WORK PRACTICE

DATE OF THIS REPORT: ____________ REPORT # ________

TO (RESPONSIBLE PERSON): _____________________________________________
(NAME) (ROOM #)

FROM (INSPECTORS): _________________________________________________
(NAME) (EXT. #)      // (NAME) (EXT. #)

DATE & PLACE OF VIOLATION: _____________________________________________
(DAY & DATE) (ROOM TYPE & #)

During the inspection of the Plasma Fusion Center by the Safety Officer and/or Committee member noted above, the following relates to procedures, equipment, lab environment, or work practices under your jurisdiction which were found to be in violation of applicable safety rules.

VIOLATION(S): _______________________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

SUGGESTED CORRECTION PROCESS: ______________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

REQUIRED RESOLUTION DATE: _____________________________

CORRECTIVE ACTION TAKEN: ____________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

SIGNATURE OF SPVR./RESPONSIBLE PERSON:__________________________
SIGNATURE OF INDIVIDUAL (IF UNSAFE WORK PRACTICE):__________________

Return this form by the required resolution date to:
MATT FULTON, NW21-214

On reverse: Typical violations and degree of severity.

xc: -Division Head
    -Group Leader
    -PFC Safety Officer
    -PFC Safety Coordinator

-Unsafe Condition File and Database
TYPICAL VIOLATIONS AND DEGREE OF SEVERITY

• UNSAFE WORK CONDITIONS:

Level 1-Requires IMMEDIATE correction or IMMEDIATE shutdown of operation:

____ High voltage violation-poor lockout, no interlock, terminals exposed, poor signage, etc.
____ Unprotected laser in operation.
____ Hazardous Atmospheres.
____ Uncontrolled access to radiation area.
____ Other (specifically: ____________________________)

Level 2- Requires Correction within 5 days of violation report:

____ Messy Housekeeping (specifically: ____________________________)
____ Belt-driven equipment without guards.
____ Bench Strip or other receptacle wired incorrectly.
____ Equipment not grounded or ungrounded extension cord needs to be replaced by a grounded one.
____ Compressed gas cylinder not properly secured (inspector to make temporary securement).
____ Unlabeled or improperly stored chemical container(s).
____ Electrical distribution panels blocked.
____ Wires, cables, or hoses improperly supported.
____ Other: ____________________________________________________________________

• UNSAFE WORK PRACTICES:

Level 1-Requires IMMEDIATE correction or IMMEDIATE shutdown of operation:

____ Person operating equipment without wearing required personal safety equipment, (specifically: ____________________________)
____ Person working without appropriate required supervision, (specifically: ____________________________)
____ Unauthorized Person working on equipment.
____ Other (specifically: ____________________________