

**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

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On reverse: Typical violations and degree of severity.

- xc: -Division Head -Unsafe Condition File and Database
-Group Leader
-PFC Safety Officer
-PFC Safety Coordinator

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: _____)