## RECLAMATION REPORT OF UNSAFE OR UNHEALTHFUL CONDITION

### HAZARD DESCRIPTION

**DATE:** __________ **LOCATION:** _______________ **ROOM NUMBER:** _________

**HAZARD DESCRIPTION:**

*This is a placeholder for hazard description.*

### RISK EVAL. (MARK ONE):

RAC 1  2

### ABATEMENT ACTIONS AND PROJECTED COMPLETION DATE:

**INSPECTOR:** __________________________________________ **PHONE:** __________ **ORG:** ____________________________

**SUPERVISOR IN CHARGE OF WORKPLACE:** __________________________ **PHONE:** __________ **ORG:** ____________________________

*Note: Any questions, please contact your Collateral Duty Safety Representative.*

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(412) 03/31/2011
NEW RELEASE
(Minor revisions approved 05/10/2013)
Instructions for Filling out Report of Unsafe Conditions

**Date:** Enter the date the hazardous condition was found.

**Location:** Enter the building and area where the hazardous condition exists.

**Room number:** Enter the room number or nearest identifiable room number.

**Hazard Description:** Enter the act, condition, and/or practice observed. Give as much detail as possible. Name people to contact for further information who may have observed the hazard, or who committed the unsafe act.

**Risk Evaluation:** Assign a Risk Assessment Code (RAC). A RAC-1 (Critical) represents an immediate danger to life, health, or infrastructure and requires emergency correction or hazard controlled to a lower level of risk. A RAC-2 (Serious) represents a high level of threat to life, health, or infrastructure and requires hazard correction or hazard controlled to a lower level of risk as soon as possible.

**Abatement Actions and Proposed Completion Date:** The supervisor will enter the planned actions to abate the hazardous condition, as well as a proposed completion date.

**Inspector:** Enter the name of the inspector.

**Supervisor in Charge of Workplace:** Enter the name of the supervisor in charge of the workplace where the hazardous condition exists.

**Phone:** Enter a telephone number where you can be contacted for further information, to discuss the report, or to provide status reports on abatement actions.

**Organization Code:** Enter your Mail Stop and office code in order to receive written replies.

Once the inspector has completed this form, s/he will make a copy and forward a copy to the area supervisor for action, review, and posting.