

Notice of Unsafe or Unhealthful Conditions

U.S. Department of Labor



To:	Date Inspected:	Date Issued:	Control No.
	Management Representative:	Employee Representative:	Page of Pages
	Inspector:		

A safety and health inspection was conducted on the (office):

Located at (address and room number):

The following unsafe or unhealthful conditions existed at the time of the inspection:

Item No.	Standard/Code Violation/Description	Hazard Severity	Date Abatement Required	Abatement Action Taken	Date Action Taken	Abatement Plan Required	
						Yes	No