United States
Department of
Agriculture

Food Safety
and Inspection
Service

FSIS Directive
4791.12

Reporting and Correcting
Occupational Hazards
# REPORTING AND CORRECTING OCCUPATIONAL HAZARDS

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REPORTING AND CORRECTING OCCUPATIONAL HAZARDS

PART ONE--BASIC PROVISIONS

I. PURPOSE

This directive provides procedures for reporting and correcting hazardous working conditions.

II. CANCELLATION

This directive cancels information and procedures on reporting and correcting hazardous working conditions previously contained in FSIS Directive 4791.1.

III. REASON FOR ISSUANCE

A. This directive updates instructions for reporting and correcting hazardous working conditions. It also contains additional reporting procedures for employees involved in inspection work.

B. This directive introduces the use of FSIS Form 4791-27, Report of Alleged Safety and Health Hazards. This form replaces FSIS Form 4791-1, Notice of Hazard-Safety Inspection, and MP Form 431, Potential Accident Hazard.

IV. REFERENCES

FSIS Directive 4791.1, Basic Occupational Safety and Health Program
FSIS Directive 4791.13, Workplace Inspections, and Injury, Illness and Motor Vehicle Incident Reporting
Departmental Regulation 4400-1, Departmental Occupational Safety and Health Management
Departmental Regulation 4410-2, USDA Occupational Safety and Health Poster
Executive Order 12196, Occupational Safety and Health Program for Federal Employees
Public Law 91-596, Occupational Safety and Health Act of 1970
29 CFR 1960, Basic Program Elements for Federal Employee Occupational Safety and Health Programs and Related Matters

DISTRIBUTION: All Offices

OPI: PD - Program Evaluation and Safety Branch
V. FORMS AND ABBREVIATIONS

The following will appear in their shortened form:

- ASO: Administrative Services Division
- DASHO: Designated Agency Safety and Health Official
- IO: Inspection Operations
- PD: Personnel Division
- PESB: Program Evaluation and Safety Branch, PD
- PPB: Procurement and Property Branch, ASO
- OSHA: Occupational Safety and Health Administration
- OSH: Occupational Safety and Health
- SOHM: Safety and Occupational Health Manager
- WSHO: Workplace Safety and Health Official

- FSIS Form 4791-22: Notice of Unsafe or Unhealthful Working Conditions
- FSIS Form 4791-26: Log of Reported Unsafe or Unhealthful Working Conditions
- FSIS Form 4791-27: Report of Alleged Safety or Health Hazard

- Form AD-1010 (poster): USDA Occupational Safety and Health Protection for USDA Employees

- OSHA Form 7: Notice of Alleged Safety or Health Hazards

VI. POLICY AND APPLICABILITY

A. FSIS assures work environments are free from recognized safety and health hazards that may cause death or serious physical harm.

1. Employees are encouraged to report the existence of or potential for unsafe or unhealthy working conditions.

2. Reports of unsafe or unhealthy working conditions are not processed as a grievance. **NOTE:** Employees covered by a Collective Bargaining Agreement may grieve unsafe or unhealthy working conditions.

B. This directive applies to employees reporting hazards affecting FSIS employees.

VII. DEFINITIONS

A. **Abatement.** A procedure to correct a safety or health hazard.

B. **Abatement Action Plan.** A written plan to correct a reported safety hazard that takes longer than 30 days to resolve.

C. **Hazard.** An unsafe act or condition.

D. **Imminent Danger Hazard.** A condition or practice in a workplace that threatens immediate serious physical harm or death.
E. **Other-Than-Serious Hazard.** A condition that is **not** "serious" and is **not** an "imminent danger."

F. **Serious Hazard.** A condition that can **cause** serious physical harm or death.

VIII. **RESPONSIBILITIES**

A. **Designated Agency Safety and Health Official.** The Assistant Deputy Administrator, Administrative Management, is the DASHO and is responsible for **overall** OSH Program management.

B. **Agency Safety and Occupational Health Manager.** A PESB employee is the Agency SOHM and is responsible for the day-to-day OSH Program management. (The name, location, and telephone number of the SOHM are listed on Form AD-1010.) Serves as WSHO for Washington, DC., workplaces.

C. **Workplace Safety and Health Official.** An Agency employee is responsible for managing the OSH Program within a specific Agency component. The name, location, and telephone number for each individual are listed on The AD-1010.) The WSHO receives and acts on reports of unsafe or unhealthful working conditions.

D. **IO Safety and Occupational Health Manager.** The IO employee whose primary responsibility is to serve as the principal safety and occupational health official and technical expert in IO. The designated employee assists the Deputy Administrator, 10, in the daily management of the IO safety and health program.

E. **Regional Occupational Safety and Health Official.** The IO employee whose primary responsibility is to serve as the full-time principal regional occupational health official and the technical expert for the 10 Regional Director. Serves as the WSHO for workplaces within the region.

F. **Authorized Employee Representative.** A person selected by an employee to represent the employee on occupational safety and health matters such as unsafe or unhealthful working conditions. The following persons may be a representative:

1. A member of a labor organization having exclusive recognition or national consultation rights.

2. A member of an employee organization having consultation rights.

3. Another Agency employee.
PART TWO--REPORTING AND CORRECTING HAZARDS

Section One--Agency Reporting and Correction System

I. WORKPLACES

FSIS employees work in a variety of workplaces both Government-owned or -leased and private sector meat, poultry, and egg products plants. These environments may expose Agency employees to occupational safety and health hazards.

A. When an employee observes a safety or health hazard, the employee should first take the necessary measures to protect him or herself and then contact the immediate supervisor-or official-in-charge with details of the hazard. An employee may attempt to correct a hazard that is not an imminent danger following instructions in Paragraph II. NOTE: In addition, IO employees should also follow instructions in Section Two to alert all levels of the IO field structure of a reported hazard.

B. The supervisor initiates action to investigate and correct the reported hazard following the instructions in Paragraph III.

II. REPORTING HAZARDS

FSIS encourages employees (or authorized employee representatives) first to report safety and health hazards verbally or in writing to the immediate supervisor or official-in-charge for prompt resolution. Verbal reports should be followed by a completed FSIS Form 4791-27. (NOTE: See decision flow process in Attachment 2-1:).

A. An employee or the authorized representative may also report hazardous conditions directly to any of the following officials or organizations:

1. WSHO.
2. DASHO.
3. IO Safety and Health Manager (IO employees only).
4. Chief, Safety and Health Management Division, Office of Personnel, USDA.
5. U.S. Department of Labor, OSHA.

B. An employee or the authorized representative should:

1. Report an imminent danger or serious hazard promptly to the supervisor or official-in-charge by telephone or the most expeditious means available.
2. Attempt informal resolution of hazards that are not imminent dangers. The employee should complete FSIS Form 4791-27 Attachment 2-2. FSIS Form 4791-27 must contain the name of either the employee or the authorized employee representative. The employee may request that his or her name not be revealed. The employee retains Copy 6.

3. Complete FSIS Form 4791-27 and resubmit, through supervisory channels, to WSHO, if no response is received from original submission, if corrective actions are not taken, or if the solutions are unsatisfactory. Describe, in detail, the hazard and the corrective actions taken. Attach a copy of any previously submitted reports.

III. SUPERVISOR OR OFFICIAL-IN-CHARGE ACTIONS

A. Evaluates all oral and written reports of hazardous conditions.

B. Determines when an inspection or investigation of the hazardous conditions is required. Notifies, in writing, the affected employee or the representative within 15 calendar days when there are no reasonable grounds to believe such a hazard exists and an inspection is not planned based on the report.

C. Conducts an inspection or investigation of the reported hazardous conditions within:

1. Twenty-four hours for an imminent danger report. When an imminent danger is reported, employees are withdrawn from the workplace or work area. Employees do not return to the workplace or work area until abatement is competed.

2. Three working days for potentially serious hazards.

3. Twenty working days for other than serious conditions.

D. Conducts an inspection or investigation following instructions in FSIS Directive 4791.13. Provides Copy 2 of FSIS Form 4791-27 to complainant within 30 calendar days after completion of inspection. Keeps employee informed of inspection findings and corrective actions. Submits Copies 3 through 5 of FSIS Form 4791-27 through supervisory channels to the SHO.

E. Prepares FSIS Form 4791-22 (Attachment 2-3) if the inspection or investigation reveals a hazardous condition. NOTE: Do not prepare FSIS Form 4791-22 if the hazardous condition is corrected at the time of the inspection. When the hazardous condition is not corrected during the inspection, the supervisor or official-in-charge:

1. Posts the Notice on the bulletin board at the workplace until the hazardous condition is abated or 3 working days whichever is later.

2. Contacts the building or plant management, as appropriate, to discuss the hazardous condition and corrective measures.

3. Develops a written abatement plan when correction will not be completed within 30 calendar days of the issuance of the Notice. (See Attachment 2-4.)
F. **Requests** assistance from line officials and WSHO. Assistance may include interpreting safety and health standards feasible administrative, work practice, and engineering controls; personal protective equipment; and employee training. Request assistance when:

1. Resources and technical advice are required to respond to FSIS Form 4791-27.

2. FSIS Form 4791-22 and a written abatement plan are required.

G. **Maintains** FSIS Form 4791-26 (Attachment 2-5) at each workplace. Maintains copies of all reports, notices, logs, and abatement plans for five years.

IV. **LINE OFFICIAL AND WORKPLACE SAFETY AND HEALTH OFFICIAL ACTIONS**

A. **Line Officials** (Includes Circuit, Area, and Import Field Office Supervisors).

1. Provide supervisors or officials-in-charge with technical and administrative support to correct reported hazards including the development of abatement plans. (See Attachment 2-4.)

2. Review, make recommendations, and sign or initial FSIS Form 4791-27.

3. Perform an investigation or inspection at the request of the WSHO of reported hazardous working conditions and a follow-up inspection to verify completion of abatement plans.

B. **WSHO** (Includes Regional Program Specialists and Laboratory Staff Officers).

1. Reviews and signs FSIS Form 4791-27.

   a. **Alleged Hazard is Satisfactorily Resolved.** Signs FSIS Form 4791-27 and sends Copies 4 and 5 through line officials to complainant and supervisor within 15 days.

   b. **Alleged Hazard is not Satisfactorily Resolved.** Determines if an inspection or reinspection is required by a line official. Contacts line officials to initiate an inspection, a reinspection, or an alternative corrective action. Prepares and sends a written report documenting abatement plans and the completed FSIS Form 4791-27 (Copies 4 and 5) within **30 calendar days** to complainant and supervisor.

2. Follows provisions-in FSIS Directive 4791.13 when an inspection or reinspection is required.

3. Provides technical and administrative support to supervisors, officials-in-charge, and line officials on the recognition and abatement of safety and health hazards.
4. Conducts follow-up inspection or verifies as necessary, to determine if abatement is satisfactorily completed.


V. (RESERVED)

Section Two--10 Supplementary Notification System

VI. PURPOSE

The IO Supplementary Notification System provides rapid notice to all levels of the IO field structure on reported safety and health hazards. The Regional system is not "in lieu of" the Agency system; it supplements the Agency system. The Regional system permits resources to be immediately deployed to evaluate and abate safety and health hazards.

VII. OTHER-THAN-SERIOUS HAZARD REPORTS

Examples of other-than-serious hazard reports may include: a loose railing or burnt out exit light. The following actions occur when other-than-serious working hazards are reported:

A. Original Report. Reporting procedures are the same as the Agency system. Follow instructions in Paragraphs I and II.

B. Resubmitted Report. Reporting procedures are the same as the Agency system except as follows:

1. Employee. Sends FSIS Form 4791-27 (Resubmission Copy) to the area supervisor.

2. Area Supervisor.
   a. Immediately telephones the Regional OSH Official with information on the reported hazard.
   b. Mails FSIS Form 4791-27 to the regional office as a follow-up.

3. Regional OSH Official. Immediately becomes involved in resolving the employees workplace safety and health concerns.

VIII. SERIOUS AND IMMINENT DANGER HAZARDS

A. Examples.

1. Serious Hazards. Examples of serious hazards may include a defective electrical switch, falling trolleys and gambrels, malfunctioning adjustable inspection platform, and lack of a lockout/tagout program.

2. Imminent Danger. Examples of imminent danger hazards may include fire, gas explosion, natural gas leaks, and broken ammonia line.

B. Procedures.

1. Original Report. Reporting procedures are the same as the Agency system except the supervisor or official-in-charge also telephones
circuit and area supervisors with information on the reported hazard. The supervisor or
official-in-charge sends FSIS Form 4791-27 through circuit and area supervisors as a follow-up.

2. **Resubmitted Report.** Reporting procedures are the same as the Agency
system except as follows:

   a. **Employee.** Sends FSIS Form 4791-27 (Resubmission Copy) to the
      area supervisor.

   b. **Area Supervisor.**

      (1) Immediately telephones the Regional OSH Official with
          information on the reported hazard.

      (2) Mails FSIS Form 4791-27 to the regional office.

      (3) Informs circuit supervisor and local union president of the
          resubmission.

   c. **Regional OSH Official.** Immediately becomes involved in resolving
      the employee's safety and health concerns.

**Section Three--WSHO Locations and Additional Contacts for
Filing Hazardous Working Condition Reports**

**IX. LOCATIONS OF WORKPLACE SAFETY AND HEALTH OFFICIALS**

Form AD-1010 is displayed in all Agency locations and establishments where FSIS performs
services. The poster lists the names, locations, and telephone numbers of USDA WSHO's.

**X. ADDITIONAL CONTACTS FOR RESOLVING HAZARDOUS
WORKING CONDITIONS**

A. An employee or an employee representative may complete FSIS Form 4791-27
or prepare a written narrative report to file a report of unsafe or unhealthful conditions with the
DASHO or the Assistant Secretary for Administration. Mailing addresses are:

1. **Designated Agency Safety and Health Official**
   USDA, FSIS, Administrative Management
   Room 347-E Whitten Building
   Washington, DC 20250-3700
   ATTN: Assistant Deputy Administrator

2. **Chief, Safety and Health Management Division**
   United States Department of Agriculture
   Office of Personnel
   Washington, DC 20250-9600
B. An IO employee or an employee representative may also file a report of unsafe or unhealthful working conditions with the IO Safety and Health Manager. The mailing address is:

IO Safety and Health Manager
USDA, FSIS, 10
Room 4865 South Building
Washington, DC 20250-300

C. An employee or an employee representative may file a complaint concerning alleged safety or health hazards with OSHA. The employee should complete items 2 through 18 on OSHA Form 7 (see Attachment 2-6 or provide a written narrative report to the Area Director; U.S. Department of Labor, OSHA. Addresses for the appropriate OSHA office are listed in the local telephone book. Addresses are also available by calling OSHA's toll-free telephone number: 1 (800) 321-OSHA.

Deputy Administrator
Administrative Management
FSIS FORM 4791-27, REPORT OF ALLEGED SAFETY OR HEALTH HAZARD

1. DATE REPORTED 3/11/96

2. TO: (Name of FSIS Supervisor or FSIS Official - in charge)
   Tom Jones

3. LOCATION / DESCRIPTION OF HAZARD (and reason for resubmission, if applicable). Resubmissions should include a copy or description of the action taken from any previous report(s).
   Exit door next to the loading dock is blocked by unused pallets preventing the use of this door in an emergency.

4. NAME (printed) AND SIGNATURE OF PERSON REPORTING HAZARD
   John Doe

5. ORGANIZATION
   IO, SHRO, Austin Area
   Abilene Circuit

6. WORK TELEPHONE NO.
   (XXX) XXX-XXXX

7. INSPECTION OR INVESTIGATION REQUIRED?
   YES ☑ NO ☐ If no, is reporting employee notified within 15 days? YES ☐ NO ☑

8. INSPECTION/INVESTIGATION FINDINGS
   Pallets are stacked in front of the exit door in a manner that prevents use of this door.

9. TYPE OF HAZARD
   ☑ Serious
   ☐ Other than serious
   ☐ None
   ☐ Imminent danger

10. CORRECTIVE ACTION TAKEN
    Notified plant manager to move pallets and change their policy of stacking pallets in this area. Plant manager stated corrective action would take place immediately.

11. NAME (printed) AND SIGNATURE OF FSIS RESPONDING OFFICIAL
    Tom Jones

12. DATE 3/12/96

COMPLETED BY REVIEWING OFFICIALS (Item 12)

a. Circuit Supervisor
   dr. Arlene Archer
   3/15/96
   Sufficient action taken

b. Area Supervisor
   Marty Archuleta
   3/20/96
   Sufficient action taken

c. Workplace Safety and Health Official
   Jake Smith
   3/27/96
   Action taken in accordance with 29 CFR 1910.37

FSIS FORM 4791-27 (5/95) REPLACES MP 493.1 (2/78) AND FSIS FORM 4791-1 (10/87), WHICH IS OBSOLETE.
## NOTICE OF UNSAFE OR UNHEALTHFUL WORKING CONDITION(S)

**INSTRUCTIONS:** For employees assigned to meat and poultry plants, this Notice shall be posted on the government bulletin board. For all other employees, this Notice shall be posted at a location observable by all affected employees. The Notice shall remain posted until the unsafe or unhealthful working condition(s) have been abated or three working days, whichever is later. Copies of Notices will be filed and maintained for a period of five years after abatement.

<table>
<thead>
<tr>
<th>1. BUILDING / PLANT ADDRESS</th>
<th>2. DATE OF INSPECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Processing Building</td>
<td>3/11/96</td>
</tr>
<tr>
<td>XYZ Packing</td>
<td></td>
</tr>
<tr>
<td>123 Doe Blvd.</td>
<td></td>
</tr>
<tr>
<td>San Angelo, Texas XXXX</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. OFFICIAL IN CHARGE OR SUPERVISOR</th>
<th>4. NAME OF SAFETY AND HEALTH INSPECTOR</th>
</tr>
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<tbody>
<tr>
<td>Tom Jones</td>
<td>Tom Jones</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. DESCRIPTION OF UNSAFE OR UNHEALTHFUL WORKING CONDITION(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exit door next to the loading dock is blocked by unused pallets.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. ABATEMENT PROCEDURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Interim</td>
</tr>
<tr>
<td>Pallets moved from exit door area.</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>b. Final</th>
</tr>
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<tbody>
<tr>
<td>Pallets will not be stored adjacent to exit door area.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. DATE ABATEMENT TO BE COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/15/96</td>
</tr>
</tbody>
</table>

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**For further information concerning this Notice contact:**

<table>
<thead>
<tr>
<th>9. SIGNATURE OF FSIS OFFICIAL IN CHARGE OR SUPERVISOR</th>
<th>10. SIGNATURE OF SAFETY AND HEALTH INSPECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tom Jones</td>
<td>Same</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. WORKPLACE TELEPHONE NO. (Include area code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(XXX) XXX-XXXX</td>
</tr>
</tbody>
</table>

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FSIS FORM 4791-22 (3/96)

REPLACES FSIS FORM 4791-1 (10/87), WHICH IS OBSOLETE.

ORIGINAL - FOR WORKPLACE
ABATEMENT ACTION PLAN

A. Prepare a written abatement plan for hazards that take more than 30 calendar days to correct. The written plan must contain the following information:

1. A description of the actions required to correct the hazard.

2. The period of time and the completion date for the correction of the hazard.

3. If additional time is required to correct the hazard, include reason.

4. Include a detailed list of precautions taken to protect exposed employees.

B. Provide a copy of the Abatement Action Plan to the representative of the employee per the Collective Bargaining Agreement.

C. Attach the completed Abatement Action Plan to FSIS Form 4791-22 and post the Abatement Action Plan at the workplace. NOTE: Changes to the plan require the preparation of a new plan.
<table>
<thead>
<tr>
<th>DATE RECEIVED (MM/DD/YY)</th>
<th>TIME</th>
<th>LOCATION OF CONDITION</th>
<th>DESCRIPTION OF CONDITION</th>
<th>CONDITION CODE</th>
<th>DATE AND NATURE OF ACTION TAKEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/09/95</td>
<td>0730</td>
<td>Kill Floor</td>
<td>Drain cover missing</td>
<td>2</td>
<td>10/09/95 Drain cover replaced</td>
</tr>
<tr>
<td>12/05/95</td>
<td>1315</td>
<td>Beef Cooler</td>
<td>Ammonia line rupture, hit by forklift</td>
<td>3</td>
<td>12/05/95 Inspectors evacuated, 12/06/95 Pipe repaired</td>
</tr>
<tr>
<td>03/11/96</td>
<td>1700</td>
<td>Processing Area</td>
<td>Loading dock exit door blocked</td>
<td>2</td>
<td>3/11/96 Pallets moved to a new storage area</td>
</tr>
<tr>
<td>06/15/96</td>
<td>0700</td>
<td>Processing Area</td>
<td>No material safety data sheet for carbon dioxide</td>
<td>0</td>
<td>6/15/96 CO₂ MSDS on file</td>
</tr>
</tbody>
</table>
OSHA FORM 7
NOTICE OF ALLEGED SAFETY OR HEALTH HAZARDS

U.S. Department of Labor
Occupational Safety and Health Administration

Notice of Alleged Safety or Health Hazards

1. Complaint Number: 

2. Employer Name
   USDA, Food Safety and Inspection Service

3. Site Location (Street, City, State, Zip): 
   123 Green Street, Oskosh, WI XXXX
   SAME

4. Management Official
   Bob Blue
   Telephone Number: (XXX) XXX-XXXX

5. Type of Business
   Meat and Poultry Inspection

6. Hazard Description. Describe briefly the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard:
   We do not have a hazard communication program in this location. No chemical listing is maintained and material safety data sheets are not available. There are many hazardous chemicals used at this location. 

7. Hazard Location. Specify the particular building or worksite where the alleged violation exists:
   Big Steer Packing Company
   Kill Floor and Processing Area

8. Has the condition been brought to the attention of: (Mark X in all that apply)
   ☐ Employer
   ☐ Other Government Agency (specify)

9. Please indicate your desire:
   ☐ Do not reveal my name to the Employer
   ☐ My name may be revealed to the Employer

10. The undersigned (Mark X in one box): ☐ Employee
    ☐ Representative of Employees
    ☐ I believe that a violation of an Occupational Safety or Health standard exists which is a job safety or health hazard at the establishment named on this form.

11. Complainant Name (Type or print name):
    Paul White

12. Address (Street, City, State, Zip):
    123 Green Street, Oskosh, WI XXXX

13. Signature:
    Paul White

14. Telephone Number:
    (XXX) XXX-XXXX

15. Date:
    5/23/96

16. If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title:

17. If you have any questions or need further information, please contact:

OFFICIAL USE ONLY

18. Reporting ID:
19. Previous Activity? Yes ☐ No ☐
20. ☐ Yes ☐ No
21. Optional Complaint Number
22. Identification:
23. Establishment Name Change? ☐
24. Site Address Change? ☐
25. City Code
26. County Code
27. Received by
28. Send OSHA-7
29. Date
30. AM/PM
31. Supervisor(s) Assigned

6/19/96