

NOTICE NO. _____ OF

UNSAFE OR UNHEALTHFUL WORKING CONDITION

(DO NOT REMOVE NOTICE UNTIL CONDITION IS ABATED)

For use of this form, see DA PAM 385-10; the proponent agency is OCSA.

1. UNIT INSTALLATION	3. DATE OF INSPECTION
2. OFFICIAL IN CHARGE OF WORKPLACE	4. STANDARD VIOLATED
5. LOCATION OF VIOLATION	
6. DESCRIPTION OF UNSAFE OR UNHEALTHFUL CONDITION	
7. RECOMMENDED ABATEMENT PROCEDURES	
a. Interim	
b. Final: Abatement should be completed by	
8. ADDITIONAL INFORMATION CONCERNING THIS VIOLATION CAN BE OBTAINED FROM	
_____	TELEPHONE NO. _____