



NOTICE OF SAFETY DEFICIENCIES

Location: _____ Building: _____ Room #: _____

Inspectors Name: _____ Inspection Date: _____

Contact Name: _____ Reply Due Date: _____

Deficiency Information

Standard: _____

Deficiency Cited: _____

Suggested Corrected Action: _____

Interim Action: _____

Deficiency Project Initiated (Complete this section if the corrective action will take over 30 days to correct.)

Project Description: _____

Work Order or Contract Number: _____ Date: _____

Estimated date that project will be completed: _____

Deficiency Action

Corrective Action Taken: _____

Date Corrected: _____ Certified By: (Official in Charge) _____

(Please note: This notice must be posted at or near the deficiency location until the deficiency is resolved.)