



**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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UNITED STATES DEPARTMENT OF AGRICULTURE  
FOOD SAFETY AND INSPECTION SERVICE  
WASHINGTON, DC

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<b>FSIS DIRECTIVE</b>	4791.12	6/19/96
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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

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**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, IO, 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 IO 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 completed.

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; persona 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.

5. Maintains FSIS Form 4791-26.

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:

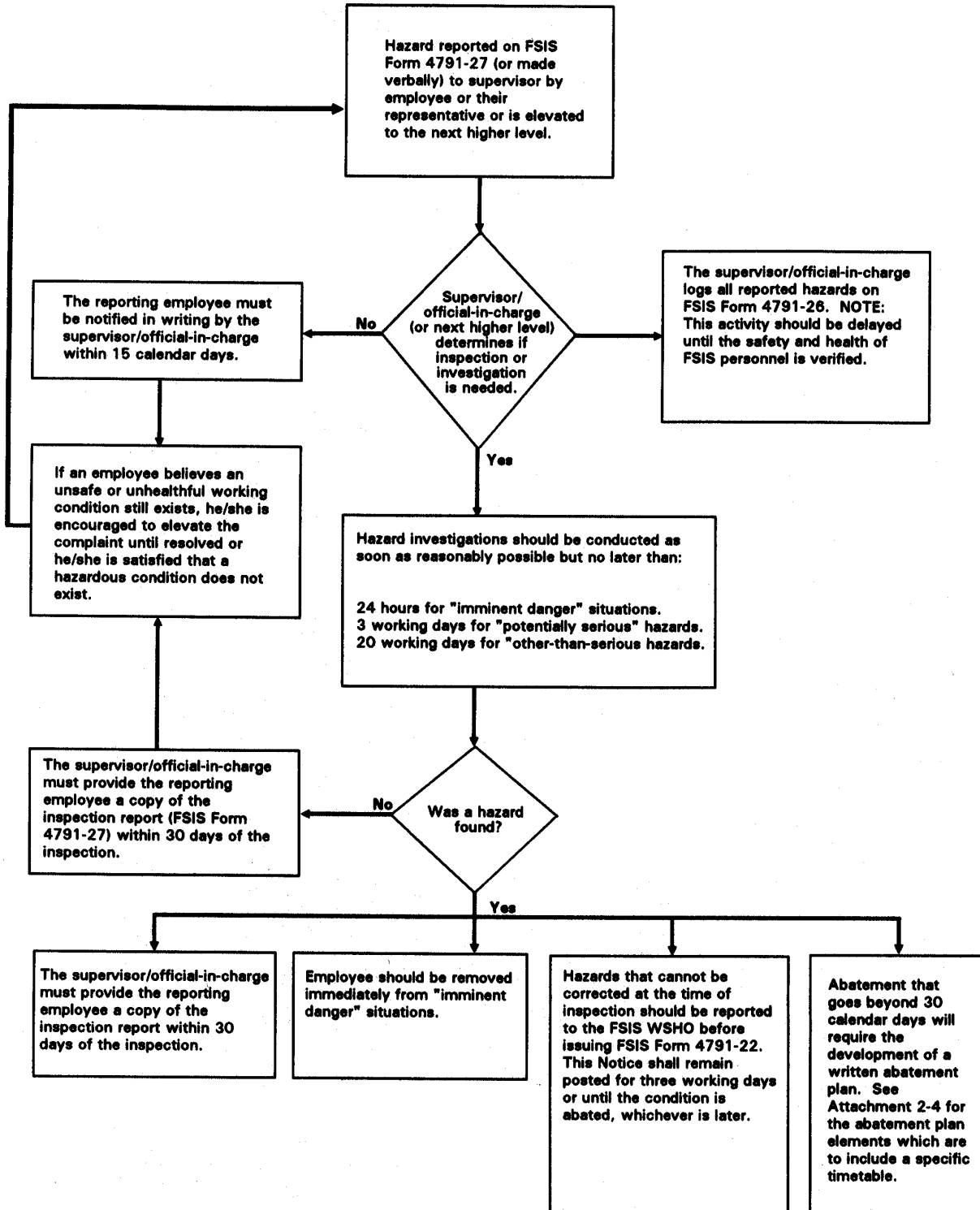
IO Safety and Health Manager  
USDA, FSIS, 10  
Room 4865 South Building  
Washington, DC 20250-300

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**

# HAZARD REPORTING



FSIS FORM 4791-27, REPORT OF ALLEGED SAFETY  
OR HEALTH HAZARD

U.S. DEPARTMENT OF AGRICULTURE FOOD SAFETY AND INSPECTION SERVICE		<input checked="" type="checkbox"/> Original
REPORT OF ALLEGED SAFETY OR HEALTH HAZARD		<input type="checkbox"/> Resubmission
COMPLETED BY EMPLOYEE SUBMITTING REPORT (Items 1 - 6)		
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 <i>John Doe</i>	5. ORGANIZATION IO, SWRO, Austin Area Abilene Circuit	6. WORK TELEPHONE NO. (XXX) XXX-XXXX
COMPLETED BY SUPERVISOR OR OFFICIAL-IN-CHARGE (Items 7 - 11)		
7. INSPECTION OR INVESTIGATION REQUIRED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO    If no, is reporting employee notified within 15 days? <input type="checkbox"/> YES <input type="checkbox"/> 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 <input type="checkbox"/> None <input type="checkbox"/> Other than serious <input checked="" type="checkbox"/> Serious <input type="checkbox"/> 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 <i>Tom Jones</i>		12. DATE 3/12/96
COMPLETED BY REVIEWING OFFICIALS (Item 12)		
12. REVIEWING OFFICIALS SIGNATURE / TITLE & DATE	COMMENT/ACTION TAKEN	
a. <i>Dr. Arlene Archer</i> Circuit Supervisor 3/15/96	Sufficient action taken	
b. <i>Ray Dominique</i> Area Supervisor 3/20/96	Sufficient action taken	
c. <i>Jane Smith</i> Workplace Safety and Health Official 3/27/96	Action taken in accordance with 29 CFR 1910.37	
<small>FSIS FORM 4791-27 (5/95)                      REPLACES MP 431 (2/76) AND FSIS FORM 4791-1 (10/87), WHICH IS OBSOLETE.</small>		

FSIS FORM 4791-22  
NOTICE OF UNSAFE OR UNHEALTHFUL WORKING CONDITION(S)

U.S. DEPARTMENT OF AGRICULTURE  
FOOD SAFETY AND INSPECTION SERVICE

**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.

1. BUILDING / PLANT ADDRESS  Main Processing Building XYZ Packing 123 Doe Blvd. San Angelo, Texas XXXXX	2. DATE OF INSPECTION  3/11/96
	3. OFFICIAL IN CHARGE OR SUPERVISOR  Tom Jones
	4. NAME OF SAFETY AND HEALTH INSPECTOR  Tom Jones

5. DESCRIPTION OF UNSAFE OR UNHEALTHFUL WORKING CONDITION(S)

Exit door next to the loading dock is blocked by unused pallets.

7. ABATEMENT PROCEDURES

a. Interim

Pallets moved from exit door area.

b. Final

Pallets will not be stored adjacent to exit door area.

8. DATE ABATEMENT TO BE COMPLETED:

3/15/96

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

9. SIGNATURE OF FSIS OFFICIAL IN CHARGE OR SUPERVISOR <i>Tom Jones</i>	10. SIGNATURE OF SAFETY AND HEALTH INSPECTOR Same	11. WORKPLACE TELEPHONE NO. (include area code) (XXX) XXX-XXXX
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FSIS FORM 4791-22 (5/95)

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.



FSIS FORM 4791-26, LOG OF REPORTED UNSAFE OR UNHEALTHFUL  
WORKING CONDITIONS

U.S. DEPARTMENT OF AGRICULTURE FOOD SAFETY AND INSPECTION SERVICE		LOG OF REPORTED UNSAFE OR UNHEALTHFUL WORKING CONDITIONS		WORK LOCATION Est. XXXX XYZ Packing 123 Doe Blvd. San Angelo, Texas XXXX	
DATE RECEIVED (MM/DD/YY)	TIME	LOCATION OF CONDITION	DESCRIPTION OF CONDITION	CONDITION CODE	DATE AND NATURE OF ACTION TAKEN
10/09/95	0730	Kill Floor	Drain cover missing	2	10/09/95 Drain cover replaced
12/05/95	1315	Beef Cooler	Ammonia line rupture, hit by forklift	3	12/05/95 Inspectors evacuated, 12/06/95 Pipe repaired
03/11/96	1700	Processing Area	Loading dock exit door blocked	2	3/11/96 Pallets moved to a new storage area
06/15/96	0700	Processing Area	No material safety data sheet for carbon dioxide	0	6/15/96 CO <sub>2</sub> MSDS on file

INSTRUCTIONS: All reported hazards pertaining to a worksite will be logged into this report.  
Condition codes are defined in the FSIS Directive 4791.12. The codes are as follows:  
0 = None 1 = Other Than Serious 2 = Serious 3 = Imminent Danger

FSIS FORM 4791-26 (5/95)

OSHA FORM 7  
NOTICE OF ALLEGED SAFETY OR HEALTH HAZARDS

Notice of Alleged Safety or Health Hazards		U.S. Department of Labor Occupational Safety and Health Administration	
MOD Date	1. Complaint Number		
2. Employer Name USDA, Food Safety and Inspection Service			
3. Site Location (Street, City, State, ZIP) 123 Green Street, Oskosh, WI XXXXX			
4. Mailing Address (if different) (Street, City, State, ZIP) SAME			
5. Management Official Bob Blue		6. Telephone Number (XXX) XXX-XXXX	
7. Type of Business Meat and Poultry Inspection			
8. 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.			
9. Hazard Location. Specify the particular building or worksite where the alleged violation exists:  Big Steer Packing Company Kill Floor and Processing Area			

10. Has this condition been brought to the attention of (Mark 'X' in all that apply) <input checked="" type="checkbox"/> Employer <input type="checkbox"/> Other Government Agency (specify)			
11. Please indicate your desire <input checked="" type="checkbox"/> Do not reveal my name to the Employer <input type="checkbox"/> My name may be revealed to the Employer			
12. The Undersigned. (Mark 'X' in one box) <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Federal Safety and Health Committee <input type="checkbox"/> Representative of Employees <input type="checkbox"/> Other (specify) believes 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			
13. Complainant Name (Type or print name) Paul White		14. Telephone Number (XXX) XXX-XXXX	
15. Address (Street, City, State, ZIP) 123 Green Street, Oskosh, WI XXXXX			
16. Signature <i>Paul White</i>		17. Date 5/22/96	
18. 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: Organization Name: _____ Your Title: _____			
<b>OFFICIAL USE ONLY</b>			
19. Reporting ID		20. Previous Activity? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, enter Type: _____ Number: _____	
21. Optional Complaint Number			
22. Establishment Name Change? <input type="checkbox"/>		23. Site Address Change? <input type="checkbox"/>	
24. City Code		25. County Code	
26. Received by:		27. Send OSHA-7?	
28. Date		29. Time AM	
30. Supervisor(s) Assigned:			