



U.S. Department
of Transportation

Office of Hazardous
Materials Enforcement

1200 New Jersey Ave. SE
Washington, DC 20590

**Pipeline and Hazardous
Materials Safety Administration**

SISP EXIT BRIEFING

Date: _____ Report Control #: _____

Company Name: _____

Address: _____

Company Web Address: _____

NAME OF INDIVIDUALS RECEIVING BRIEFING:

Name: _____ Title: _____

E-mail: _____

Name: _____ Title: _____

E-mail: _____

Name: _____ Title: _____

This has been a Systems Integrity Safety Program (SISP) review conducted in accordance with the SISP Agreement. This exit briefing addresses probable violations and makes recommendations on business practices.

During the review the following probable violations of 49 CFR and/or quality assurance recommendations were noted:

Section: _____

Explanation: _____

Recommendations: _____

Section:

Explanation:

Recommendations:

Section:

Explanation:

Recommendations:

Section:

Explanation:

Recommendations:

Section:

Explanation:

Recommendations:

Quality Assurance Items:

Explanation:

Example:

Recommendations

Explanation:

Example:

Recommendations

Explanation:

Example:

Recommendations

Explanation:

Example:

Recommendations

The information gathered during this SISP Review and any issues noted were discussed with the company representative prior to departing the facility. Documentation of the corrective action addressing the probable violation(s) discussed during the SISP Exit Briefing must be provided within ten (10) working days. Documentation addressing quality assurance items should be provided to the Investigator prior to the Final Recommendations Report.

I certify that I received the above briefing as it appears on this form. By signing this form I acknowledge that I have reviewed it and have received a copy.

Signature of Investigator(s)

Signature of Representative(s)

Date

Date