

**Agricultural Research Service  
Safety Deficiency/Abatement Notice**

**Section A: General Information**

Location/Lab: \_\_\_\_\_ Bldg. #: \_\_\_\_\_ Room #: \_\_\_\_\_  
Inspectors Name: \_\_\_\_\_ Inspection Date: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Reply Due Date: \_\_\_\_\_

**Section B: Deficiency Information**

Standard: \_\_\_\_\_  
Deficiency Cited: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Suggested Corrective Action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Interim Action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section C: Abatement Project Initiated**

*(Complete this section if the abatement project will take over 30 days to correct.)*

Project Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Work Order or Contract Number: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Purchase Request Number: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Estimated date that abatement project will be completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Section D: Abatement Action**

*(Complete this section once the deficiency has been corrected.)*

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 abated.)*