

**FOLLOW-UP STATUS REPORT FOR FACILITY SAFETY,
HEALTH, OR FIRE PROTECTION SURVEY (PART III)**

REPORT CONTROL NO.

BUILDING NAME AND ADDRESS

FIELD OFFICE

STATUS REPORT NO.

STATUS AS OF *(Date)*

SURVEY REPORT DATE

ITEM
NO.

STATUS OF RECOMMENDATIONS *(Revised or completed)*

REVISION OR
COMPLETION DATE

SIGNATURE OF APPROVING OFFICIAL *(Assistant Regional Administrator)*

DATE SIGNED