

232-84
UNSAFE CONDITION REPORT

WV-0216 #27

Nº 3167

WFL DGB KKH ES
WVS CAM LEE

ORIGINATOR

Employee fills out this section describing the unsafe condition.

Be sure to sign name and give unit, shop or area.

The report is then given to your Immediate Supervisor and the WHITE (top) COPY sent to the Safety Dept.

Describe the condition.
WHAT is the condition?

LOSE Asbestos falling off of R-1

PLAINTIFF'S EXHIBIT

UC-3057

WHERE is the condition located? (Be specific—building, floor, etc.)

4th Deck TRI TOWER (MON.)

WHY do you consider this condition unsafe?

Asbestos falling all over grating...then getting tromped on when people up there working.

Name P. Lamp

Department Insul.

Date 9-6-84

Comments: (Corrective action taken or recommendations)

Material is in plant to do this job. Will put manpower on this job when maint coordinator gives this job priority.

Supervisor

P. Bailey

Date 11-14-84

Comments

1. This UCR has been bouncing around trying for answers. 2. This line has two layers of insulation (due to an energy program part). The first layer is asbestos, the second layer, or cover layer is not. So it may not be asbestos falling. 3. The job itself is not too big, but the size and location will cause us to use 4 insulators and it certainly is a priority issue. 4. Maint. will make an effort to complete this the week of 12/10/84. Page J. Bailey

Department Head

Bob Wulfert

Date 12/4/84

DEPARTMENT HEAD

The Department Head uses this section for his comments regarding the corrective action taken or disposition on the reported condition.

On completion he routes the copies as specified below.

Canary—Dept. Head retains for file.

Pink—To Originator of Report through his Supervisor.

UCC 001995