

N.C. DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES MEAT AND POULTRY INSPECTION SERVICE POTENTIAL ACCIDENT HAZARD	1. ESTABLISHMENT NO.	3. TYPE OF HAZARD <input type="checkbox"/> State Employee Unsafe Act <input type="checkbox"/> Nonstate Employee Unsafe Act <input type="checkbox"/> Unsafe Condition
	2. PLANT DEPARTMENT	

4. DESCRIBE HAZARD

5. SIGNATURE OF INSPECTOR	6. DATE	7. INSPECTOR IN CHARGE <input type="checkbox"/> Agrees with statement <input type="checkbox"/> Disagrees with statement	<input type="checkbox"/> NA
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TO BE COMPLETED BY PLANT OFFICIAL OR INSPECTOR IN CHARGE

8. COMMENTS AND PROPOSED ACTION (*Plant Official - complete items 8 thru 11 and return to Inspector in Charge within 7 working days.*)

9. SIGNATURE	10. TITLE	11. DATE
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TO BE COMPLETED BY AREA SUPERVISOR

12. COMMENTS ON ACTION TAKEN

Pending (*Explain below*)
 Completed (*Explain below*)

13. SIGNATURE OF AREA SUPERVISOR	14. DATE
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TO BE COMPLETED BY STATE DIRECTOR

A copy is to be forwarded to the State Director only if the violation is determined by the Area Supervisor to be serious, or of a nature that requires further interpretation as to the nature or necessity of corrective action needed.

15. COMMENTS

16. SIGNATURE OF STATE DIRECTOR	17. DATE
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