

APPENDIX A  
NON-RADIOLOGICAL HAZARDS DATA SHEET

PART I -ISSUE

NRC Licensee/ Name:

Certificate Holder      Address:  
License or Docket #:

Description of Issue:

How issue was identified:

Licensee representative informed:

_____ Name	_____ Title	_____ Date
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Licensee Comments:

Other persons informed:

_____ Inspector's signature	_____ Date
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Part II - Follow-up

Description of Corrective Action:

_____ Inspector's signature	_____ Date
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OSHA informed: \_\_\_\_ Yes    \_\_\_\_ No

Date informed:

Person contacted:

\_\_\_\_\_  
NRC OSHA Liaison Officer

See MC 1007-09 for distribution of copies.