

APPENDIX A  
NON-RADIOLOGICAL HAZARDS DATA SHEET

PART I -ISSUE

NRC Licensee/  
Certificate Holder      Name:  
                                 Address:  
                                 License or Docket #:

Description of Issue:

How issue was identified:

Licensee representative informed:

_____	_____	_____
Name	Title	Date

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

OSHA informed: \_\_\_\_Yes    \_\_\_\_No

Date informed:

Person contacted:

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NRC OSHA Liaison Officer

See MC 1007-09 for distribution of copies.