

NPA Hazard Abatement Plan

FY __ thru __

Section A: Hazard Identification

1. Hazard ID #: 2. City: 3. State: 4. MU Account Code:
5. Building #: 6. Building Name:
7. Room #: 8. Wall: N S E W 9. Discovered by: 10. Phone #:
11. Hazard Category:
12. Hazard Description:

 A. Equipment Name:
 B. Serial #:
13. Regulatory Standard not complied with:

14. Hazard Level Determination: 15. ARMPS Deficiency Code:

Section B: Interim Control of Hazard

1. Date that warning or caution to employees posted: ___/___/___
2. Other interim measures taken to lessen the hazard until final corrections can be made:

Section C: Final Corrective Measures

1. Description of Final Corrective Measures:

2. Estimated Cost to Correct:

	3. Funding Source	4. Amount	5. Date Funded
	a. Location		
	b. Area Director		
	c. HPRL FY __		
	d. HPRL FY __		
	e. HPRL FY __		
	6. Total		

7. Status:

8. Estimated Completion Date: ___/___

Section D. Other Comments/Rationale

() see reverse

1.
2.
3.

