



Anhydrous Ammonia Transportation- Unsafe Conditions Report

(To Be Completed Only When Defects are Found)

Date of Incident: _____ Location: _____

Name of Driver Reporting Incident: _____

Driver Company and Mailing Address: _____

Company Phone: _____

Please check the following boxes that describe the unsafe condition and describe the problem. Provide additional comments on the bottom of this page. Sign this form and then turn in to appropriate supervisor for signature and action. Fax or e-mail a copy to Pam Emery at WPHA (916-574-9484; pame@healthyplants.org).

<i>ITEM</i>	<i>PROBLEM</i>
___ Readily Visible Defects	_____
___ Gauges	_____
___ Tank Level Devices/Float Gauge	_____
___ Valves	_____
___ Leaks	_____
___ Bleeders	_____
___ Connections	_____
___ Loose Fittings	_____
___ Fitting End Caps on Receiving Tank	_____
___ Water Tank	_____
___ Compressor/Pump Problems	_____
___ Liquid Hoses	_____
___ Vapor Hoses	_____
___ Entrance/Exit Space	_____
___ Trip/Fall Hazard	_____
___ Rollover Hazard	_____
___ Other	_____

Driver Signature: _____ Report Received by: _____