

**Agricultural Research Service
Safety Deficiency/Abatement Notice**

Location/Laboratory: _____ **Bldg. #:** _____ **Room #:** _____

Inspectors Name: _____ **Inspection Date:** _____

Contact Name: _____ **Reply Due Date:** _____

Standard:	Deficiency Cited:	Suggested Corrective Action:	Interim Action:	Abatement Action:	Date Abated:

Please note: This notice must be posted at or near the deficiency location until the deficiency is abated.