



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

Driver Signature: _____ Report Received by: _____