



**Procedure for Reporting Safety-Related Conditions and Low-Pressure System Problems, Attachment 1**

**Safety-Related Condition Report**

The following information must be included in a safety-related condition report:

**Name of Operator:** Pacific Gas and Electric Company

**Address:**

**Date of Report:**

**Person Submitting Report:**

**Job Title:**

**Telephone Number:**

**Person Determining Condition:**

**Job Title:**

**Telephone Number:**

**Date Discovered:**

**Date Determined:**

**Condition Location:**

**Condition Description:**

**How Condition Was Discovered:**

**Condition's Effect on Safety:**

**Current Action Taken:**

**Planned Future Action:**

**Future Action Start Date:**