



**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:

