

Utility Procedure: TD-4413P-02
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## 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:

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