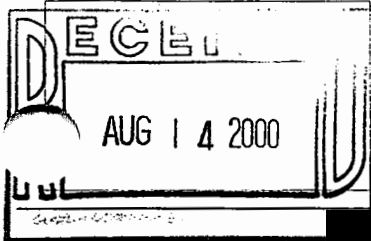


JOINT COMPANY/UNION SAFETY COMMITTEE CONCERN FORM



00-054

This Form May Be Used By All RFETS Employees
(NOTE: All lines MUST be completed)

Employee Name _____ Employee Number _____

Employee Company (Matrix) Kaiser Hill Department DRY RePack

Job Title HRT Bldg. 707 Phone _____ Shift 1st

Supervisor D Blunn L. Alencio Supv Ext 4014/8303
Print Last Name, First Name, and Middle Initial

I have previously discussed Concern with Supervision: Yes No

Location of Concern Mod D Safety Concern gloves are worn, old & need changing before another contamination occurs

Recommendation Change gloves before processing continues.

Employee Signature _____ Date 8-9-00

Steward CLINGER STAN L. Signature Stan Clinger Date 8-9-00
Print Last Name, First Name, and Middle Initial If Applicable

Supervisor Response Within 5 Working Days (attach all pertinent documentation) We are planning to change the gloves older than 5 years that are used frequently starting tomorrow 8/10/00.
8/9/00 J.L. Sayre L.A. SAYRE 516308
(Additional Space On Back)

I have discussed above response with concerned employee _____ Date 8/9/00
Supervisor Signature

Manager SAYRE, LESLIE, A. Ext 7960 Signature _____ Date 8/9/00
Print Last Name, First Name, and Middle Initial

Satisfied with response Not satisfied with response Give brief reason if not satisfied: _____

Employee Signature _____ Date 8/10/00

Assigned to:

Union DOOLEY Date 8-14-00

Company _____ Date _____

