

ROUTING AND TRANSMITTAL SLIP

Date

12/3/87

TO: (Name, office symbol, room number, building, Agency/Post)	Initials	Date
1. C/SS/OL, Attn: Safety Officer		
2.		
3.		
4.		
5.		

Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

REMARKS

Please review your copy of the OL Emergency Procedures Manual and make any corrections you deem appropriate in addition to the attached section on [redacted], Fire and Evacuation Plan. Please note that the section on Zones doesn't include the first and ground floors [redacted]. Please add the pertinent information and return this portion and any other corrections/additions to the Emergency Procedures by 9 December 1987. Thanks!

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)	Room No. B14
[redacted]	[redacted]

5041-102

OPTIONAL FORM 41 (Rev. 7-76)
Prescribed by GSA
FPMR (41 CFR) 101-11.206

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