

## Navy Employee Report of Unsafe / Unhealthful Working Conditions

<p>1) The undersigned (pick one)</p> <p style="text-align: center;"> <input type="radio"/> Employee                    <input type="radio"/> Representative of an Employee                    <input type="radio"/> Student             </p> <p>Believes that a violation of an occupational safety or health standard which is a job safety or health hazard has occurred at:</p> <p style="margin-left: 20px;">a. Navy installation or activity and mailing address:</p> <p style="margin-left: 20px;">b. Building or worksite where alleged violation is located, including address:</p>	
<p>2) Name &amp; phone number of government supervisor at site of violation:</p>	
<p>3) Does this hazard immediately threaten death of serious physical harm?    <input type="radio"/> Yes    <input type="radio"/> No</p>	
<p>4) Briefly describe the hazard which exists, including the approximate number of employees exposed to or threatened by such hazard.</p>          	
<p>5) If known, list by number and / or name, the particular standard (or standards) issued by the agency which you claim has been violated.</p>	
<p>6) To your knowledge, has this violation been the subject of any union / management grievance or have you (or anyone you know) otherwise called it to the attention of, or discussed it with, the government supervisor?    <input type="radio"/> No    <input type="radio"/> Yes</p> <p>If Yes, list results, including any efforts by management to correct this violation:</p>          	
<p>Employee Rep?   <input type="radio"/> No    <input type="radio"/> Yes    If Yes, what organization do you represent?</p>	<p>May your name be revealed? <input type="radio"/> No    <input type="radio"/> Yes</p>
<p>Employee Name Phone #, Guardmail (optional):</p>	<p>Date this form completed:</p>

Fax completed form to the safety office at 831-656-7710 or email at [Safety@nps.edu](mailto:Safety@nps.edu)