

How to Report Workplace Hazards at NSA Annapolis/USNA

1. Report all unsafe or unhealthful working conditions to your supervisor immediately. Supervisors should always be notified first if possible. Supervisors should report facility related problems to the building 1st LT.
2. If corrections are beyond the scope of the supervisor, or this supervisor is not responsive, complete an Employee Report of Alleged Unsafe or Unhealthful Working Conditions; write or print clearly and give as much information as possible. Forward the report to the Safety Department, stop 23j. All Navy employees, military and civilian, are encouraged to participate.
3. When a hazard report is submitted to the Safety Department, a Safety Specialist will:
 - a. Contact the originator to acknowledge receipt and discuss the seriousness.
 - b. Notify the cognizant supervisor that a hazard has been reported.
 - c. Follow-up inspection/investigations, as appropriate, to insure corrective actions have been taken.
 - d. Investigate imminently dangerous situations within 24 hours.
 - e. Provide the originator with an interim or complete response within 10 working days. Appeal procedures will also be provided with the response.
 - f. The name of the originator will not be revealed if he/she so desires. (*block #11 of the report form*).
4. Navy civilian employees may also submit complaints alleging workplace hazards directly to the Department of Labor (OSHA). However, the Secretary of Labor encourages employees to use the Navy in-house reporting procedures as the most expeditious means to achieve hazard abatement.
5. Navy personnel shall not be subject to restraint, interference, coercion, discrimination, or reprisal by virtue of their participation in the Safety and Occupational Health Program.

Note: Reports received either orally or via e-mail will be transcribed onto the form processed in the same manner as described above.

- **Form is located on next page.** -

NAVY EMPLOYEE REPORT OF ALLEGED UNSAFE OR UNHEALTHFUL WORKING CONDITION

THIS FORM IS PROVIDED FOR THE ASSISTANCE OF AN EMPLOYEE AND IS NOT INTENDED TO CONSTITUTE THE ONLY METHOD BY WHICH A REPORT MAY BE SUBMITTED.

1. THE UNDERSIGNED (CHECK ONE) ~ EMPLOYEE ~ REPRESENTATIVE OF EMPLOYEES

BELIEVES THAT A VIOLATION OF AN OCCUPATIONAL SAFETY OR HEALTH STANDARD WHICH IS A JOB SAFETY OR HEALTH HAZARD HAS OCCURRED AT

a. Navy installation activity name and mailing address:

b. Building or worksite where alleged violation is located, including address:

2. NAME AND PHONE NUMBER OF GOVERNMENT SUPERVISOR AT SITE OF VIOLATION

3. DOES THIS HAZARD IMMEDIATELY THREATEN DEATH OR SERIOUS PHYSICAL HARM? ~ NO ~ YES

4. BRIEFLY DESCRIBE THE HAZARD WHICH EXISTS INCLUDING THE APPROXIMATE NUMBER OF EMPLOYEES EXPOSED TO OR THREATENED BY SUCH HAZARD.

5. IF KNOWN, LIST BY NUMBER AND/OR NAME THE PARTICULAR STANDARD (OR STANDARDS) ISSUED BY THE AGENCY WHICH YOU CLAIM HAS BEEN VIOLATED.

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?

~ NO ~ YES (List results, including any efforts by management to correct violation.)

7. EMPLOYEE NAME (Typed or Printed)

8. EMPLOYEE SIGNATURE

9. EMPLOYEE ADDRESS

10. EMPLOYEE PHONE NUMBER(S)

11. MAY YOUR NAME BE REVEALED?

~ NO ~ YES

12. ARE YOU A REPRESENTATIVE OF EMPLOYEES?

~ NO ~ YES (List organization name)