



# SERMC

## Safety Quick Take

### HOW TO REPORT UNSAFE/UNHEALTHFUL WORKING CONDITIONS

#### Immediately Report Unsafe or Unhealthy Working Conditions

- Many safety and health problems can be eliminated as soon as they are identified.
- SERMC personnel should report unsafe or unhealthy working conditions to their supervisor immediately. Supervisors shall promptly investigate the situation and take appropriate corrective actions.

# SAFETY FIRST

## REPORT ALL UNSAFE CONDITIONS TO YOUR SUPERVISOR

NAVY EMPLOYEE REPORT OF 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): <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> REPRESENTATIVE OF EMPLOYEES	
I BELIEVE THAT A VIOLATION OF AN OCCUPATIONAL SAFETY OR HEALTH STANDARD WHICH IS A JOB SAFETY OR HEALTH HAZARD HAS OCCURRED AT: <input type="checkbox"/> THIS FACILITY/ACTIVITY AND PLANT/AREA	
2. I HAVE THE PHONE NUMBER OF GOVERNMENT SUPERVISOR AT SITE OF VIOLATION:	
3. DOES THIS HAZARD IMMEDIATELY THREATEN DEATH OR SERIOUS PHYSICAL HARM? <input type="checkbox"/> NO <input type="checkbox"/> YES	
4. NUMBER OF EMPLOYEES AT RISK INCLUDING THE SUPERVISOR: <input type="checkbox"/> 1 <input type="checkbox"/> 2-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> 101-200 <input type="checkbox"/> 201-500 <input type="checkbox"/> 500+	
5. IF ANOTHER LIFE OR LIMB IS AT RISK, PLEASE SPECIFY THE PARTICULAR STANDARD OR STANDARD TITLE BY THE AGENCY WHICH YOU CLAIM HAS BEEN VIOLATED:	
6. DO YOU KNOW YOUR NAME WILL BE REVEALED TO THE ATTENTION OF AN OFFICIAL OF THE GOVERNMENT SUPERVISOR? <input type="checkbox"/> NO <input type="checkbox"/> YES (PLEASE PRINT NAME OF SUPERVISOR)	
7. EMPLOYEE TYPED OR PRINTED NAME:	8. EMPLOYEE SIGNATURE:
9. EMPLOYEE ADDRESS:	10. EMPLOYEE PHONE NUMBER:
11. MAY YOUR NAME BE REVEALED? <input type="checkbox"/> NO <input type="checkbox"/> YES	12. AM I AN REPRESENTATIVE OF EMPLOYEE? <input type="checkbox"/> NO <input type="checkbox"/> YES
13. DATE FILED:	

#### Reporting an Unsafe or Unhealthy Working Condition is Easy

- Submit a report of an unsafe or unhealthy working condition VIA ESAMS, under the "My Tool" tab.
- Use the "Navy Employee Report of Unsafe or Unhealthy Working Condition" form located next to the SERMC Safety office and the CO's suggestion box.
- If an employee wants to be ANONYMOUS, place the form in the CO's suggestion box.
- Call or Stop by the Safety Office and report a concern.

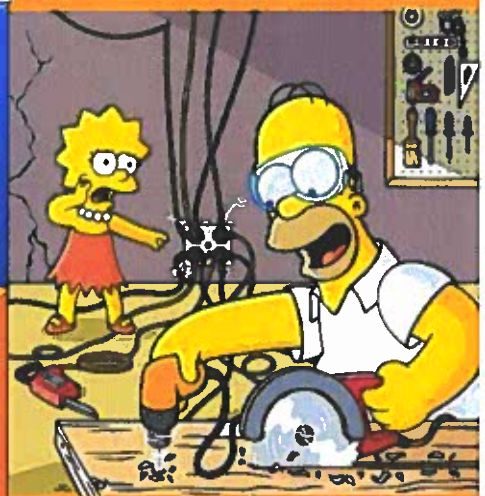
#### Promptly Investigate all Reports

- Safety Department will investigate all reports brought to their attention.
- If the condition cannot be corrected immediately, interim controls will be put in place to protect personnel until the hazardous condition is abated.

#### Facility Issues

- If personnel observe a facility maintenance issue, personnel are encouraged to submit a facilities service request at: <https://navsea.navy.deps.mil/sites/sermc/1100/1150/Lists/Facilities%20Service%20Request/Item/newifs.aspx?List=936bff8d%2D4301%2D4084%2Dbae2%2D530338a0dbc5&Web=bad96bf4%2D4407%2D4e51%2Db1a3%2D8ab22c3b9008>

## BE PROACTIVE



## REPORT HAZARDS!

**NAVY EMPLOYEE REPORT  
OF UNSAFE OR UNHEALTHY 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 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 ANY ONE 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 TYPED OR PRINTED NAME

8. EMPLOYEE SIGNATURE

9. EMPLOYEE ADDRESS

10. EMPLOYEE PHONE NUMBER

11. MAY YOUR NAME BE REVEALED?

NO       YES

12. ARE YOU A REPRESENTATIVE OF EMPLOYEES?

NO       YES

13. DATE FILED: