**HOW TO REPORT UNSAFE/UNHEALTHFUL WORKING CONDITIONS**

**Immediately Report Unsafe or Unhealthful Working Conditions**

- Many safety and health problems can be eliminated as soon as they are identified.
- SERMC personnel should report unsafe or unhealthful 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**

**BE PROACTIVE**

**REPORT HAZARDS!**

**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.navv.deps.nmil/sites/sermc/1100/1150/Lists/Facilities%20Service%20Request/Item/newifs.aspx?List=936bff8d%20D4301%20D4084%2Dbae2%2D5303338a0d8vb5&Web=bad96bf4%2D4407%2D431%2Db1a3%2D8ab22c3b9008
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:

OPNAV 5100/11 (Rev. NOV 1992)