

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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.

SECTION A: Information

Safety Office Log No.

1. The Undersigned (*check one*) Employee Representative of Employee believes that a violation of an occupational safety or health standard has occurred which has resulted in a safety or health hazard.

2. Office/Facility and Location

3. Location of alleged violation (*Building or Work Site. Include Address*)

4. Government Supervisor at site of alleged violation

4a. Supervisor's telephone (*include area code*)

5. Briefly describe the hazard. Include the approximate number of employees exposed to or threatened by such hazard

6. List by number and/or name the particular safety or health standard(s) alleged to be violated

7. Do you believe that this hazard immediately threatens death or physical harm?

Yes No

8. To your knowledge, has this alleged violation been the subject of any union/management grievance?

Yes No

9. To your knowledge, has this alleged violation been called to the attention of or discussed with the government supervisor or other management official?

Yes No

10. If the answer to item 7 or 8 is "Yes", describe the efforts made by management to eliminate the hazard

11. Additional Remarks/Comments

SECTION B: Certification

The person reporting must complete the section below

12. Name (*type or print*)

13. Signature

14. Date

15. Home Address

16. Home Telephone (*include area code*)

17. Work Telephone (*include area code*)

18. May your name be revealed? Yes No

19. If Representative of Employee, enter your position, organization and authority to act

(See reverse side for instructions and appeal rights)

REPORTING INSTRUCTIONS

1. You are encouraged to report unsafe or unhealthful work practices or conditions whenever detected in the Bureau of Land Management. Any condition, whether you consider it to be a minor infraction or an imminent danger **must** be reported. Reporting such conditions to your immediate supervisor will usually achieve the most expedient results leading to corrective action. Such reports should be made orally and the supervisor is required to promptly investigate the condition and take appropriate corrective action. Supervisors are then required to inform the reporting employee of all actions taken. **In the interest of expediency and prompt elimination of the condition that you wish to report, you are strongly urged to work within the chain of command and report directly to your supervisor.**
2. In the event that you fear adverse action or reprisal associated with reporting unsafe or unhealthful conditions, you are authorized to report directly to the Safety Manager or the State/Center Director through the use of this form. Under such conditions you are not required to report to any other person. Further, you have the right to remain anonymous and you may so indicate on this form. Response to persons who wish to remain anonymous will be made by posting corrective actions taken on bulletin boards at or near the location where the hazardous conditions existed or exists, or by letter to the person's home address unless the person reporting indicates in Block 11 (*Additional Remarks/Comments*) that he/she does not wish to have correspondence mailed to the home address.
3. Reports of unsafe and unhealthful conditions submitted by use of this form will be responded to in writing by the State/Center Safety Manager within 15 calendar days after receipt. The response will provide details of interim or completed corrective action or will advise that the condition reported is not considered hazardous and that no action will be taken.

APPEAL RIGHTS

You have the right under law to be provided a safe and healthful work environment. In the event that you disagree with the response made by the Safety Manager or with the corrective actions taken, you have the right to discuss the matter with the Safety Manager to initiate negotiations for changes or improvements. You have the right to appeal to the State/Center Director if the matter cannot be resolved to your satisfaction through the efforts of the Safety Office. If you are dissatisfied with the State/Center Director's response or have not received a response within 20 working days, you may appeal to higher levels of authority. The sequence of appeals shall be through the Director, Bureau of Land Management; the Secretary, Department of the Interior, the final appeal shall be to the Office of Federal Agency Safety Programs, U.S. Department of Labor, Washington, D.C. 20210. Your appeal **must** be made in writing and **must** describe in detail the entire previous processing of your report of unsafe or unhealthful working conditions and actions that were taken in response. Further, you **must** set forth in writing your objections thereto.