

Case: _____
Date Received: _____
Control: _____
Org. Code: _____

REPORT OF POSSIBLE SAFETY/HEALTH HAZARD

SAFETY & HEALTH MANAGEMENT INFORMATION

TO BE COMPLETED BY EMPLOYEE

1. Reason for Report: Safety Hazard Health Hazard
2. Name: _____ (Last, First, M.I.) 3. Phone: _____
4. Have you Reported Condition to Supervisor? Yes No
5. May we Reveal Your Name During Investigation? Yes No

6. Duty Station Address: _____ 7. Location of Hazard: _____

8. Description of Hazard: _____

Signature: _____ Date : _____

TO BE COMPLETED BY INVESTIGATOR

9. Investigation Findings: _____
10. Life Threatening? Yes No

11. Corrective Action: _____
12. Completion Date : _____ Estimated Actual

Investigator's Signature: _____ Date : _____
Title: _____ Phone: _____

INSTRUCTIONS FOR COMPLETING CD-351

(Report of Possible Safety/Health Hazard)

EMPLOYEE

Supervisors have responsibility for ensuring the safety and well-being of their employees. Therefore, while you have the right to go directly to a safety official, you are encouraged to first contact your supervisor whenever you observe a possible safety or health hazard.

If you do not wish to notify your supervisor for personal reasons or if your supervisor fails to take corrective action within a reasonable time-frame, then you should contact your Area Safety Representative, Operating Unit Safety & Health Representative or Regional Safety Manager.

After notifying the safety official, complete the appropriate section of the CD-351 and submit the form to the safety official notified.

Complete Blocks 1 through 8.

- **Blocks 2 and 3**—Optional under the Privacy Act. However, not providing this information may hinder any investigation since safety personnel will not be able to contact you for additional information nor inform you of any corrective action being taken. (See **Block 5** below.) Include area code or use “999” if FTS in **Block 3**.
- **Block 5**—By indicating “no” to this question, safety personnel may only reveal your name to other safety personnel involved in the investigation. They may not reveal your name to your supervisor or other management Officials.
- **Block 6**—Include operating unit, line organization, name and address of your duty station.
- **Block 7**—Identify specific location (e.g., stairwell, room number, etc.) building number (if appropriate), and address.

Sign (optional) and date form, retain employee’s copy, and submit original and other copies to the safety official.

INVESTIGATING SAFETY OFFICIAL

Investigate all reports filed as quickly as possible. (If investigation indicates a life-threatening situation, ASRs should contact appropriate OUSHR or RSM immediately.)

Complete Blocks 9 through 13.

- **Block 11**—Describe interim (if applicable) and permanent corrective action(s) that have or will be taken.
- **Block 12**—Indicate date permanent corrective action was taken (actual) or will be taken (estimate).

After completing form, retain investigator’s copy, forward original to appropriate OUSHR/RSM and notification copy to employee (if known).