

危険または不健康な労働条件の疑いに関する従業員による報告書

EMPLOYEE REPORT OF ALLEGED UNSAFE OR UNHEALTHFUL WORKING CONDITIONS

For use of this form, see DA PAM 385-10; the proponent agency is DAS.

This form is provided for the assistance of any complainant and is not intended to constitute the exclusive means by which a complaint may be registered with the local Safety Office (Ref OSHA Poster on rights of employees and their representatives).

The undersigned (check one): **署名者(下記より選んでください)**

Employee Representative of employees Other (Specify): _____

従業員 **従業員代表** **その他(詳しく)**

believes that a job safety or health hazard exists at the following place of employment

下記の職場に業務上の危険、または健康を害する可能性が存在すると考えています

Does this hazard(s) immediately threaten serious physical harm? Yes No この危険は直ちに深刻な身体的危害をもたらす可能性がありますか？

If "yes" checked, immediately contact your supervisor or safety representative. Yesにチェックが入った場合、すぐ上司または安全担当者に連絡してください

Name of official in charge 担当者の氏名 Telephone 電話番号

Operation/Activity 部隊名

Exact location of worksite
職場の正確な位置

1. Kind of operation

作業内容

2. Describe briefly the hazard which exists there including the appropriate number of employees exposed to or threatened by such hazard

該当する危険にさらされるおおよその従業員数を含め簡単に説明する

3. List by number and/or name the particular occupational safety and health standard(s) which may have been violated, if known

分かる場合、違反している可能性のある労働安全衛生基準番号や名前を書く

4. (a) To your knowledge, has this hazard 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 employer or any representative thereof?

知っている限りこのハザードは労働組合やマネジメントの苦情の対象になったことはありますか？また注意を払うよう呼び掛けたり雇用主または代表者と話し合いはされましたか？

(b) If so, please give the results thereof, including any efforts by management to eliminate or reduce the severity of the hazard

その場合、ハザードの深刻さを排除または軽減するために行われたことと結果を教えてください

5. Please indicate your desire:

I do not want my name revealed to the official in charge. 担当者に名前を知られたくない

My name may be revealed to the official in charge. 担当者に名前を知られてもかまわない

WORK LOCATION 職場	TELEPHONE NO. 電話番号	DATE 日付
TYPED OR PRINTED NAME OF EMPLOYEE OR EMPLOYEE REPRESENTATIVE 氏名 もしくは代表者氏名	SIGNATURE サイン	