



## EMPLOYEE REPORT OF ALLEGED UNSAFE ACT OR UNHEALTHFUL WORKING CONDITIONS



For use of this form, see USAG FS/HAAF SOP 385-10; the proponent for this document is the GSO.

*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).*

**NOTE:** Form can be dropped at the local Garrison Safety Office or Submitted securely to: [usarmy.stewart.usag.list.iso-all@army.mil](mailto:usarmy.stewart.usag.list.iso-all@army.mil)

Submitter: ☐ Employee ☐ Representative of Employees ☐ Other (Specify) \_\_\_\_\_

Location where Safety or Health Hazard is thought to exist Unit \_\_\_\_\_ Div/Co \_\_\_\_\_ Bldg#/Long-Lat \_\_\_\_\_

Does hazard pose an immediate threat of serious harm? ☐ Yes ☐ No

*Note: If "Yes", contact Supervisor or Safety Office immediately*

Name of person in charge: \_\_\_\_\_ Phone#: \_\_\_\_\_

Operation/Activity: \_\_\_\_\_

Exact location of worksite: \_\_\_\_\_

FOLD HERE

1) Kind of operation:

2) Describe the hazard or condition that exist and the approximate number of personnel exposed to the hazard:

3) List the violated standard, if known:

4) Has this been reported before? ☐ Yes ☐ No

*Note: If "Yes", list the results or actions taken:*

5) Select your desire: ☐ I don't want my name revealed ☐ My name may be revealed

Submitter contact Information

WORK LOCATION:

PHONE#:

PRINTED NAME OF EMPLOYEE OR REP:

SIGNATURE:

DATE:

GSO FS/HAAF FORM 4755, JUL 2022