## U.S. Department of the Interior National Business Center Main and South Interior Buildings

## Occupant Report of Unsafe or Unhealthy Working Condition

This form is provided to assist you in reporting a workplace condition that you feel may be unsafe or unhealthy. It is not intended to be the only method by which the conditions should be reported.

1. The undersigned bestandard has occurred.		-			
2. Describe the condition (be specific). Please include related details such as location, date, and time, and provide the name(s) of other employees who may have witnessed the condition or event. (Continue on page 2 if more space is necessary)					
3. If known, list the pa	rticular safety, health	n, or environme	ntal standard(s) viola	ted.	
4. Have you (or anyon your supervisor or man					
5. We will not disclose permission to do so. If mark the "Yes" line be	you will allow us to	provide your na	ame to follow-up inve	•	
	give my name to followide my name or other		ors. formation about me o	on this matter.	
6. If the condition is ca Nurse in the Health Un					
7. Name (optional):					
Your room number	(optional):	Office pho	one (optional):		
Signature (optional)	):		Date:		

## Instructions for Filing Occupant Reports of Unsafe or Unhealthy Working Conditions

Occupants of the Main and South Interior Buildings (Interior Complex) are encouraged to report unsafe or unhealthful conditions that exist in the work place. Completed forms can be mailed to NBC Safety, Health, and Environmental Team, Mail Stop 1210-MIB, or e-mailed to <shet@nbc.gov>.

Interior Complex occupants are encouraged to report an unsafe or unhealthful condition to their supervisors as soon as the condition is identified. Written reports may be submitted using this form. In the case of imminent danger (e.g., the condition immediately threatens serious physical harm or property damage), the report should be made by the most expeditious means available to you, your supervisor, or your safety representative.

If requested by the occupant, the NBC Safety, Health, and Environmental Team members will not disclose the name of any person, or the names of the individual occupants referred to in the report to anyone other than an authorized representative of the Secretary of Labor.

All DOI employees are protected from restraint, interference, coercion, discrimination, or reprisal for exercising rights provided under the DOI occupational safety, health, and environmental programs.

programs.

Additional Information:

SHET Tracking #:	Date Received (mm/dd/yyyy):
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