

INSTRUCTIONS FOR USE OF DOE FORM 5480.4

U.S. Department of Energy Contractor Employee Occupational Safety or Health Complaint

- Item 1A: Check the Appropriate box. "Other" may include visitors or subcontractors, if applicable.
- Item 1B: Determine the seriousness of the complaint and check the appropriate box to inform DIE on the need for immediate action.
- Item 2: Contractor: SANDIA NATIONAL LABORATORIES
- Item 3: Address is: P. O. Box 5800, Albuquerque, NM 87185 or
P. O. Box 969, Livermore, CA 94551-0969
- Item 4: Phone number is 844-5250 or 845-8316 (Safety Engineering Division in Albuquerque; 294-2303, Health and Safety Division in Livermore).
- Item 5: Provide the building number and room number for the area where the complaint applies. If outside a building, provide a nearest identification locale.
- Item 6: Describe the work being done at the location listed in Item 5.
- Item 7: Provide Supervisor's name and phone number, or name and phone number of person in charge of operation.
- Item 8: List the specifics of the complaint, giving as much information as possible.
- Item 9: List any OSHA or other applicable Federal standard or any DOE Order which you think has been violated or not conformed with as part of the complaint.
- Item 10: Answer Item 10A and 10B to the best of your ability. Try to determine if 10A has had any action.
- Item 11: Check your personal choice.

Send the complaint form to: DOE/MSD or call 845-4419
P. O. Box 5400
Albuquerque, NM 87115

OMB Burden Disclosure Statement

Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of Information Resources Management Policy, Plans, and Oversight, AD-241.2-GTN, Paperwork Reduction Project (1910-0300), U. S. Department of Energy, 1000 Independence Avenue, S.W., Washington, DC 20585; and to the Office of Management and Budget (OMB), Paperwork Reduction Project (1910-0300), Washington, DC 20503.

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. 552.a.(e)(3), enacted into law by section 3 of the Privacy Act of 1974 (Public Law 93-579), the following statement is furnished to individuals who supply information to the Department of Energy (DOE) on this form. The collection of this information is authorized pursuant to the Atomic Energy Act, as amended; the Energy Reorganization Act of 1974, and the Department of Energy Organization Act of 1977. The primary use of this information is by DOE in its investigation of complaints by DOE contractor employees, at government-owned, contractor-operated facilities, of any conditions of practices that they consider hazardous to their safety or health, or which they believe are in violation of DOE-prescribed Occupational Safety and Health Administration (OSHA) standards. Additional disclosures of the information may be: to other Federal and State agencies involved in monitoring worker safety and health hazards, and conditions; to appropriate Federal, State, or local agencies in the event the information indicates a violation or potential violation of law, and in the course of an administrative or judicial proceeding.

Completion of this form is voluntary; however, failure to provide this information could result in the DOE's inability to complete investigation of an alleged violation or condition.

This form is provided for the assistance of any U.S. Department of Energy contractor employee or representative thereof who (1) believes that a violation of a U.S. Department of Energy safety or health standard exists and (2) desires to file a complaint. It is not intended to constitute the exclusive means by which a complaint may be registered with the contractor or with the Department of Energy.

1. THE UNDERSIGNED BELIEVES THAT A VIOLATION OF A DOE OCCUPATIONAL SAFETY OR HEALTH STANDARD EXISTS AT THE PLACES OF EMPLOYMENT INDICATED BELOW, RESULTING IN A JOB SAFETY OR HEALTH HAZARD TO EMPLOYEES. (Check One)

- Employee Representative of employees Other (Specify)

2. DOES THE HAZARD(S) IMMEDIATELY THREATEN DEATH OR SERIOUS PHYSICAL HARM? YES NO

3. CONTRACTOR'S NAME

4. ADDRESS (Street, City, State, Zip Code)

5. TELEPHONE NO.

6. SPECIFY THE PARTICULAR BUILDING OR WORKSITE WHERE THE ALLEGED VIOLATION IS LOCATED, INCLUDING ADDRESS.

7. KIND OF ACTIVITY

8. NAME AND PHONE NUMBER OF CONTRACTOR'S AGENT(S) IN CHARGE

9. DESCRIBE BRIEFLY THE HAZARD WHICH EXISTS INCLUDING THE APPROXIMATE NUMBER OF EMPLOYEES EXPOSED TO OR THREATENED BY SUCH HAZARD. (Continue on another sheet if necessary)

LIST BY NUMBER AND/OR NAME THE PARTICULAR OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA) STANDARD(S) PRESCRIBED BY THE DOE WHICH YOU BELIEVE HAS BEEN VIOLATED, IF KNOWN.

11. TO YOUR KNOWLEDGE, HAS THIS VIOLATION 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? (Check one)

- YES NO

IF "YES" IS CHECKED ABOVE, PLEASE GIVE THE RESULTS, INCLUDING ANY EFFORTS BY MANAGEMENT TO CORRECT THE VIOLATION.

12. PLEASE CHECK ONE:

- I do not want my name revealed to the employer. My name may be revealed to the employer.

(Signature)

(Date)

(Typed or printed name)

13. IF YOU ARE A REPRESENTATIVE OF EMPLOYEES, GIVE THE NAME OF YOUR ORGANIZATION.

14. ADDRESS OF ORGANIZATION (Street, City, State, Zip Code)

15. TELEPHONE NO.