## EMPLOYEE CONCERNS REPORTING FORM

## U. S. DEPARTMENT OF ENERGY

OAK RIDGE OPERATIONS OFFICE

EMPLOYEE CONCERNS REPORTING FORM HOTLINE NUMBER: 1-865-241-ECMS (1-865-241-3267) or 1-800-ORO-ECMS (1-800-676-3267)

## USE THIS FORM TO REPORT SAFETY, HEALTH, AND ENVIRONMENTAL CONCERNS MAIL FORM TO: US DOE, M-5, FEDERAL BUILDING, PO BOX 2001, OAK RIDGE, TN 37831 OR FAX FORM TO: 865-574-1939

DOE has established the Employee Concerns Management System (ECMS) for DOE Federal and contractor employees to help identify and resolve nuclear & nonnuclear safety, health, and environmental concerns relating to DOE programs. Your assistance in notifying us about such concerns is essential to the success of these programs. However, to give your employer an opportunity to respond to your concern, you should first report it to your supervisor. Contractor employees are also requested to first use your own organization's established Employee Concern or Complaint Reporting Procedure; if no resolution can be made, if you fear reprisal, or if you want to request confidentiality, you may use the DOE ECMS.

Please fill out this form as completely as possible and mail it to the address shown above, or call the 24-hour Hotline number. If you call, please be prepared to provide the same information as requested on this form. Your name will be kept confidential if you request. If you choose to remain ANONYMOUS, please insert any 3 letters of the alphabet below the signature line, so you can check its status later, and record the date and the 3 letters separately for your reference. After reporting a concern, you may check on its status by calling the ORO Employee Concerns Coordinator during normal working hours at 865-576-4988. Your report must not contain any classified information. Thank you for your cooperation.

Please fill in appropriate spaces and check $\underline{ALL}$ items below which apply to	your concern.
THIS CONCERN IS:ImmediateRecurringUnique	
DOES THE CONDITION IMMEDIATELY THREATEN DEATH OR	SERIOUS HARM?YesNo
NATURE OF CONCERN: (Check all that apply)	
ViolationWillfulPrice-Anderson ViolationIndustrial Sa Environmental ConcernNuclear or Radiation ConcernConst	
EXACT LOCATION OF CONCERN:	
SUPERVISOR IN CHARGE OF WORK:	SUPERVISOR'S PHONE NO
WHAT DO YOU BELIEVE MAY BE THE CONSEQUENCE(S) OF Y	OUR CONCERN IF IT REMAINS UNSOLVED?
Loss of life or injuryPersonnel Health HazardDamage or losDamage to the Environment Other(specify:)	
WHERE ELSE AND WHEN HAVE YOU PREVIOUSLY REPORTEDImmediate SupervisorUnion/Mgt. GrievanceDOEIGN	
WHAT EFFORTS WERE MADE TO CORRECT IT?	
WHO IS YOUR EMPLOYER? (Name of company)	
	Other (specify:)
If this is your former employer, check here	
IF YOU ARE A REPRESENTATIVE OF EMPLOYEES, GIVE YOUR ORGANIZATION:	
CONFIDENTIALITY REQUEST/RELEASE: (Check one)I DO NOT WANT MY NAME DISCLOSEDI DO WANT M	IY NAME DISCLOSED
SIGNATURE:(include your name only if anonymity is NOT desired)	DATE:

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for yourself; see instructions on reverse)	remain anonymous; enter any 3 letters to identify yourself and keep a separate note of them
YOUR NAME (Please print):	YOUR JOB TITLE:
(Include your name only if anonymity is NOT desired)	
YOUR DIVISION, DEPT. OR WORK GROUP:	
YOUR WORK MAILING ADDRESS:	
TOOK WORK MAILENG ADDRESS.	
CITY, STATE, ZIP:	
YOUR TELEPHONE NUMBER (work):	
BEST DAYS AND TIMES TO CALL:	
condition or practice and how often does it occur? What kind of exposures, incidents, near-misses, or nonpermitted environmenta exposed to the condition and how often? How close do people we be taken to both correct it and prevent a recurrence. Is personal processes the condition of the conditi	er any of the following questions you think are important. What is the unsafe or unhealthful work is being performed there? Have injuries, illnesses, property damage accidents, al (air, water, waste) releases occurred (what, when, and how often)? How many people are ork to the hazard? Include what you believe really caused the problem, and what actions can protective safety equipment available and used when needed? Is the condition a violation of a pecific)? What is your role with regard to the area of concern? What other people may be sent? (Attach additional sheets to form if necessary.)
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