

UNSAFE OR UNHEALTHFUL WORKING CONDITION
NAVMC 11401 (08-98) (EF)

1. I believe a condition exists which is a safety or health hazard to Marine Corps personnel or property. (Check one.)

Civilian:	<input type="checkbox"/>	Military:	<input type="checkbox"/>
Employee Representative:	<input type="checkbox"/>	Other:	<input type="checkbox"/>

2. Does this hazard immediately threaten life or health?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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3. Building, worksite, or other location where you believe the unsafe or unhealthful condition exists.

4. Supervisor (if known) at this location is:

and phone number is:

5. Briefly describe hazard:

6. Number of employees exposed to or threatened by hazard:

7. If known, list any safety or health standard which you believe may apply to this condition:

8. To your knowledge, has this condition been reported to, discussed with, or brought to the attention of a supervisor?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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9. If yes, please give the results, including any efforts by management to correct the condition.

10. Name (Optional):

Phone Number (Optional):

11. If you are a representative of employees, provide name of your organization:

Case Number:

(Filled in by Installation or Unit Safety Office)