OPNAV 5100-27

NAVY EMPLOYEE REPORT OF UNSAFE OR UNHEALTHFUL WORKING CONDITION

THIS FORM IS PROVIDED FOR THE ASSISTANCE OF AN EMPLOYEE AND IS NOT INTENDED TO CONSTITUTE THE ONLY METHOD BY WHICH A REPORT MAY BE SUBMITTED

1. THE UNDERSIGNED (check one) EMPLOYEE ☐ REPRESENTATIVE OF EMPLOYEES ☐

BELIEVES THAT A VIOLATION OF AN OCCUPATIONAL SAFETY OR HEALTH STANDARD WHICH IS A JOB SAFETY OR HEALTH HAZARD HAS OCCURRED AT

a. Navy installation/activity and mailing address

b. Building or worksite where alleged violation is located, including address

2. NAME AND PHONE NUMBER OF GOVERNMENT SUPERVISOR AT SITE OF VIOLATION

3. DOES THIS HAZARD IMMEDIATELY THREATEN DEATH OR SERIOUS PHYSICAL HARM? NO YES ☐

4. BRIEFLY DESCRIBE THE HAZARD WHICH EXISTS INCLUDING THE APPROXIMATE NUMBER OF EMPLOYEES EXPOSED TO OR THREATENED BY SUCH HAZARD

5. IF KNOWN, LIST BY NUMBER AND/OR NAME, THE PARTICULAR STANDARD (OR STANDARDS) ISSUED BY THE AGENCY WHICH OU CLAIM HAS BEEN VIOLATED

6. 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 GOVERNMENT SUPERVISOR

NO ☐ YES (List results, including any efforts by management to correct violation)

7. EMPLOYEE NAME (PLEASE PRINT OR TYPE CLEARLY)	8. EMPLOYEE SIGNATURE
9. EMPLOYEE ADDRESS	10. EMPLOYEE PHONE NUMBER
11. MAY YOUR NAME BE REVEALED? NO ☐ YES ☐	12. ARE YOU A REPRESENTATIVE OF EMPLOYEES? NO ☐ YES (List organization name) ☐

13. DATE FILED:

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