
OCCUPATIONAL SAFETY AND HEALTH

REPORTING UNSAFE OR UNHEALTHY CONDITIONS

I. PURPOSE:

The purpose of this document is to describe the policy and procedures for reporting unsafe or unhealthy conditions in facilities occupied by CVM employees.

II. POLICY:

All CVM employees should be continuously alert to the presence of unsafe or unhealthy conditions. Timely reporting of observed workplace hazards is a right and a responsibility of all employees.

For any situation which poses an *Imminent Danger*, alert employees in the vicinity, post a warning of the hazard, and report the hazard immediately. (An *Imminent Danger* is any condition or work practice that could reasonably be expected to cause death or serious injury.)

No employee will be subjected to restraint, interference, coercion, discrimination, or reprisal by virtue of their reporting an unsafe or unhealthy condition or workplace hazard.

III. PROCEDURES:

Employees should report workplace conditions that are a legitimate concern for employee health and safety. Reports should be made to the respective supervisor, other management officials, or the CVM Safety Officer. Reports may be made via personal contact, telephone, E-mail, memorandum, or through use of the attached form (see Attachment A).

All reports of the presence of unsafe or unhealthy conditions will be investigated in a timely manner and appropriate corrective actions, when necessary, will be based upon the resources required.

Reports of the investigation and any necessary corrective actions will be available to all employees and will be shared with the NTEU as required under the Collective Bargaining

Agreement.

ATTACHMENT A

**CENTER FOR VETERINARY MEDICINE
REPORT OF AN UNSAFE OR UNHEALTHY CONDITION**

This form should be used by CVM employees to document and report unsafe or unhealthy workplace conditions. Complete SECTION I and forward to your supervisor or the CVM Safety Manager. (Use the back side of this sheet or attach a second sheet if additional space is needed.)

SECTION I. Unsafe or Unhealthy Condition	
Name (optional):	Date:
Location (be specific):	
Description of the hazard or condition:	
Your suggested corrective action(s):	
Actions you have already taken:	

SECTION II. CVM Management / Safety Office Action	
Date received:	Received by:

Date completed:	Signed off by:
Individual(s) investigating:	Date:
Results of investigation:	
Follow-up action(s):	