

MARINE CORPS OCCUPATIONAL AND HEALTH PROGRAM

UNSAFE OR UNHEALTHFUL WORKING CONDITION

NAVMC 11401 REV. 7-98

Date:

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

Civilian:

Military:

Employee Representative:

Other:

2. Does this hazard immediately threaten life or health?

Yes No

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 the 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 the supervisor?

Yes No

9. If yes, please give the results, including any efforts by management to correct condition.

10. Name (optional): _____

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

Figure 9-1. – NAVMC 11401, Unsafe or Unhealthful Working Condition.