

APPENDIX H
REPORT OF HAZARD, UNSAFE CONDITION, OR PRACTICE

1. Purpose. The purpose of this appendix is to provide all employees with a practical means of reporting hazards, unsafe conditions, or practices encountered while on the job.

2. Applicability. All employees of the Buffalo District.

3. General.

a. DA Form 4755, 1 October 1978, Employee Report of Alleged Unsafe or Unhealthful Working Conditions, is for the use of all employees. When an employee recognizes an unsafe condition or practice which cannot be corrected by themselves or their supervisor, he/she should complete DA Form 4755 and forward it to the Safety and Occupational Health Office (S&OH Office) for review and determination. A copy of this form is enclosed for your reference.

b. If the employee is dissatisfied with the determination, he/she may appeal the decision to the Division S&OH Office. If he/she is still dissatisfied, he/she may forward it to the OCE S&OH Office; and if still dissatisfied he/she may forward it to the Army Director of Safety; and finally, if still dissatisfied, he/she may appeal to the Office of Federal Agency Programs, U.S. Department of Labor. In the latter case, his/her request should be in writing to the Assistant Secretary of Defense (Manpower and Reserve Affairs), Washington, D.C. 20301, describing in detail the entire processing of the report and the setting forth of his/her objections thereto. All correspondence will be submitted through regular channels.

c. Nothing in this procedure should be considered to deter an employee from making a report of an unsafe or unhealthy working condition to his immediate supervisor. However, an employee may request that his/her name be withheld from the supervisor if he/she submits a notice of unsafe conditions to the designated safety official or to the Department of Labor. The Occupational Safety and Health Act of 1970 gives an employee assurance that no discriminatory or discharge action will be taken against any employee who exercises his/her rights under the Act.

4. Forms. DA Form 4755 is available electronically on formflow.

**EMPLOYEE REPORT OF
ALLEGED UNSAFE OR UNHEALTHFUL WORKING CONDITIONS**

For use of this form, see AR 385-10; the proponent agency is Office of The Inspector General.

This form is provided for the assistance of any complainant and is not intended to constitute the exclusive means by which a complaint may be registered with the local Safety Office (Ref OSHA Poster on rights of employees and their representatives).

The undersigned (check one)

Employee Representative of employees Other (Specify) _____

believes that a job safety or health hazard exists at the following place of employment

Does this hazard(s) immediately threaten serious physical harm? Yes No

If "yes" checked, immediately contact your supervisor or safety representative.

Name of official in charge _____ Telephone _____

Operation/Activity _____

Exact location of worksite _____

1. Kind of operation _____

2. Describe briefly the hazard which exists there including the appropriate number of employees exposed to or threatened by such hazard

3. List by number and/or name the particular occupational safety and health standard(s) which may have been violated, if known

4. (a) To your knowledge, has this hazard 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 employer or any representative thereof?

(b) If so, please give the results thereof, including any efforts by management to eliminate or reduce the severity of the hazard

5. Please indicate your desire:

I do not want my name revealed to the official in charge.

My name may be revealed to the official in charge.

WORK LOCATION

TELEPHONE NO.

DATE

ID OR PRINTED NAME OF EMPLOYEE OR EMPLOYEE REPRESENTATIVE

SIGNATURE