

For Office Use

Date Received _____

Concern No. _____

Concern Classification _____

ES&H CONCERNS REPORTING FORM

Fermilab has established an ES&H Concerns Program to help identify environmental, safety and health issues. Your assistance in informing us about such concerns is essential to the success of the effort. You are encouraged to report your concern directly to your supervisor and/or your Division Safety Officer. In addition, please complete this form and mail or deliver it to the Chief Safety Officer, MS 119, WH 7E.

Please fill in appropriate spaces and check all items below which apply to your concern:

THIS CONCERN IS: Unique Recurring Immediate

Nature of Concern: _____

Concern Location: _____

WHAT DO YOU BELIEVE MAY BE THE CONSEQUENCE(S) OF YOUR CONCERN IF IT IS NOT RESOLVED?

 Loss of life Personnel hazard or risk of injury Catastrophic release of chemicals Damage or loss of facilities or equipment Damage to the environment

WHERE ELSE HAVE YOU REPORTED YOUR CONCERN? (IF YOU HAVE REPORTED THIS PROBLEM PREVIOUSLY, PLEASE ATTACH AS MUCH INFORMATION AS POSSIBLE)

 Immediate Supervisor: _____ Div Safety Officer: _____ Division/Section Head: _____ Other (specify): _____ Dept. Head/Group Lead: _____

WHO IS YOUR EMPLOYER? (i.e. Fermilab, Subcontractor, University, Other – Please specify)

WHAT IS YOUR ROLE WITH REGARD TO THE AREA OF CONCERN?

Describe your concern as explicitly but concisely as possible. Discuss anything you think is important. Include what you believe really caused the problem and what can be done to prevent a recurrence, or correct the situation. (Attach additional sheets if required.)

If you are not satisfied with the response you receive after completion of this investigation, you may request further review by contacting the Fermilab Chief Operating Officer at (630) 840-6650. You are also entitled to request a review by a representative of the U.S. Department of Energy by filing a request directly with the DOE Fermi Site Office at (630) 840-3281.

Signature: _____ Date/Time: _____

Please make every effort to maintain my confidentiality.

Fermilab Address and Phone Extension:

Home Address and Telephone (optional):

Official Use:

HSG Contact: _____ Date: _____

Inspection Date: _____ Inspector: _____

Corrective Action:

Completion Date _____ Response Date: _____