

UNSAFE OR UNHEALTHFUL WORKING CONDITION
NAVMC 11401 (08-98) (EF)

1. I believe a condition exists which is a safety or health hazard to Marine Corps personnel or property. (Check one.)	
Civilian: <input type="checkbox"/>	Military: <input type="checkbox"/>
Employee Representative: <input type="checkbox"/>	Other: <input type="checkbox"/>
2. Does this hazard immediately threaten life or health?	
<input type="checkbox"/> Yes <input type="checkbox"/> 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 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 a supervisor?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. If yes, please give the results, including any efforts by management to correct the condition.	
10. Name (Optional):	Phone Number (Optional):
11. If you are a representative of employees, provide name of your organization:	
Case Number: (Filled in by Installation or Unit Safety Office)	