EXAMPLE

U. S. DEPARTMENT OF ENERGY

OAK RIDGE OPERATIONS OFFICE

EMPLOYEE CONCERNS REPORTING FORM

HOTLINE NUMBER: 1-865-241-ECMS (1-865-241-3267)
or 1-800-ORO-ECMS (1-800-676-3267)

USE THIS FORM TO REPORT SAFETY, HEALTH, AND ENVIRONMENTAL CONCERNS
MAIL FORM TO: US DOE, M-5, FEDERAL BUILDING, PO BOX 2001, OAK RIDGE, TN 37831
OR FAX FORM TO: 865-574-1939

DOE has established the Employee Concerns Management System (ECMS) for DOE Federal and contractor employees to help identify and resolve nuclear & no nuclear safety, health, environmental and other concerns relating to DOE programs. Your assistance in notifying us about such concerns is essential to the success of these programs. However, to give your employer an opportunity to respond to your concern, you should first report it to your supervisor. Contractor employees are also requested to first use your own organization's established Employee Concern or Complaint Reporting Procedure; if no resolution can be made, if you fear reprisal, or if you want to request confidentiality, you may use the DOE ECMS.

Please fill out this form as completely as possible and mail it to the address shown above, or call the 24-hour Hotline number. If you call, please be prepared to provide the same information as requested on this form. Your name will be kept confidential if you request. If you choose to remain ANONYMOUS, please insert any 3 letters of the alphabet below the signature line, so you can check its status later, and record the date and the 3 letters separately for your reference. After reporting a concern, you may check on its status by calling during normal working hours at 865-576-4988. Your report must not contain any classified information. Thank you for your cooperation.

Please fill in appropriate spaces and check ALL items below which apply to your concern.

THIS CONCERN IS: __Immediate __Recurring __Unique

DOES THE CONDITION IMMEDIATELY THREATEN DEATH OR SERIOUS HARM? __Yes __No

NATURE OF CONCERN: (Check all that apply)
__Violation __Willful __Price-Anderson Violation __Industrial Safety Hazard __Health Hazard
__Environmental Concern __Nuclear or Radiation Concern __Construction __Other (specify:) _____

EXACT LOCATION OF CONCERN: _____

SUPERVISOR IN CHARGE OF WORK: _____ **SUPERVISOR'S PHONE NO.** _____

WHAT DO YOU BELIEVE MAY BE THE CONSEQUENCE(S) OF YOUR CONCERN IF IT REMAINS UNSOLVED?
__Loss of life or injury __Personnel Health Hazard __Damage or loss of facilities or equipment
__Damage to the Environment __Other(specify:) _____

WHERE ELSE AND WHEN HAVE YOU PREVIOUSLY REPORTED THIS CONCERN?
__Immediate Supervisor __Union/Mgt. Grievance __DOE __IG __Nowhere __Other (specify)_____ When?_____ (mo./day/yr.)

WHAT EFFORTS WERE MADE TO CORRECT IT? _____

_____

WHO IS YOUR EMPLOYER? (Name of company)
__DOE Contractor (specify:) _____ Other (specify:)_____
If this is your former employer, check here _____

IF YOU ARE A REPRESENTATIVE OF EMPLOYEES, GIVE YOUR POSITION AND THE NAME AND ADDRESS OF YOUR ORGANIZATION: _____

(Continue on Reverse Side)
ORO F 440.1-5
Revised (10/00)

CONFIDENTIALITY REQUEST/RELEASE: (Check one)

___I **DO NOT** **WANT MY NAME DISCLOSED** ___I **DO** **WANT MY NAME DISCLOSED**

SIGNATURE: _____ **DATE:** _____

(include your name only if anonymity is NOT desired)

YOUR 3 LETTER CODE _____ (include if you wish to remain anonymous; enter any 3 letters to identify yourself and keep a separate note of them for yourself; see instructions on reverse)

YOUR NAME (Please print): _____ **YOUR JOB TITLE:** _____

(Include your name only if anonymity is NOT desired)

YOUR DIVISION, DEPT. OR WORK GROUP: _____

YOUR WORK MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

YOUR TELEPHONE NUMBER (work): _____

BEST DAYS AND TIMES TO CALL: _____

DESCRIBE YOUR CONCERN HERE

Describe your concern as fully and explicitly as possible. Answer any of the following questions you think are important. What is the unsafe or unhealthful condition or practice and how often does it occur? What kind of work is being performed there? Have injuries, illnesses, property damage accidents, exposures, incidents, near-misses, or nonpermitted environmental (air, water, waste) releases occurred (what, when, and how often)? How many people are exposed to the condition and how often? How close do people work to the hazard? Include what you believe really caused the problem, and what actions can be taken to both correct it and prevent a recurrence. Is personal protective safety equipment available and used when needed? Is the condition a violation of a DOE, OSHA, EPA, State, contractor, or other requirement (Be specific)? What is your role with regard to the area of concern? What other people may be contacted regarding your concern? Are other serious hazards present? (Attach additional sheets to form if necessary.)

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