

SAFETY /HEALTH HAZARD REPORTING PROCEDURES

Each employee is encouraged to report hazardous conditions to his or her agency safety committee. All employees have the option of reporting a hazard directly to the Statewide Safety Committee.

Please fill in the Report of Safety/Health Hazard form as completely as possible.

1. Including the reporting employee's name is optional.
2. Include the work location address and agency.
3. Date of hazard report.
4. Provide detailed information on the hazardous condition, including information on the hazard and the exact location of the hazard.
5. Provide any suggestions the reporting individual may have for elimination of the hazard.
6. Indicate whether the department manager/supervisor has been made aware of the hazard and has had an opportunity to correct it.
7. Name of the manager/supervisor.
8. Describe in detail any action that has been taken to address the hazardous condition. If no action has been taken, describe any reasons why, if known.
9. Name of the agency safety/health representative (if this report is filed through such representative).

If the hazardous situation has not or cannot be addressed at the local level, please forward a copy of the completed form to either of the Statewide Safety Committee Co-Chairs:

Dawn Kowal
Department of Labor
5404 Cedar
Omaha, NE 68106
Phone: (402) 595-3168
Fax: (402)595-3200
Email: dkowal@dol.state.ne.us

Mike Samuelson
Health and Human Services
3000 Lincoln, Dock #2
Beatrice, NE 68310-3319
Phone: (402) 223-7541
Fax: (402) 223-6136
Email: mike.samuelson@hhss.state.ne.us

Filing reports directly to the Statewide Safety Committee will enable it to address the hazardous condition and provide recommendations for correction. If the reporting individual has any questions or feels the hazard needs to be addressed immediately, he or she may call any member of the Statewide Safety Committee.

NOTE: Nebraska law prohibits employers from discharging or discriminating in any way against an employee who has made any oral or written complaint to the Statewide Safety Committee.

SAFETY COMMITTEE REPORT OF SAFETY/HEALTH HAZARD

① Employee Name/Phone Number: (optional) _____

② Work Location/Agency: _____

③ Today's Date: _____

④ Describe the unsafe substance, equipment, process, practice, or hazardous condition:

⑤ Describe your suggestion for minimizing or eliminating the hazardous condition:

⑥ Has this problem been brought to the attention of the department manager/supervisor? Yes No

⑦ Manager/Supervisor's Name: _____ Date Informed: _____

⑧ Has any action been taken to eliminate the hazard? Yes No

⑨ Describe the action taken (if any) on this problem, include any reasons for not taking action at the present time:

⑩ Name of Agency Safety/Health Representative: _____