

ATTACHMENT B

U.S. Department of Commerce Form CD-351: Report of Possible Safety/Health Hazard

FORM CD-351 (Rev. 5/89-LF DAO 203-4)	U.S. DEPARTMENT OF COMMERCE	Case: _____
Report of Possible Safety/Health Hazard SAFETY & HEALTH MANAGEMENT INFORMATION		Date Received: ____/____/____
		Control: _____
Org. Code: _____		
TO BE COMPLETED BY EMPLOYEE		
1. Reason for Report: <input type="checkbox"/> Safety Hazard <input type="checkbox"/> Health Hazard		
2. Name: _____ <small>(Last, First, M.I.)</small>		3. Phone: () _____
4. Have you Reported Condition to Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. May we Reveal Your Name During Investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Duty Station Address:	7. Location of Hazard:	
8. Description of Hazard:		
Signature: _____ Date: ____/____/____		
TO BE COMPLETED BY INVESTIGATOR		
9. Investigation Findings:		
10. Life Threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No		
11. Corrective Action:		
12. Completion Date : ____/____/____ <input type="checkbox"/> Estimated <input type="checkbox"/> Actual		
Investigator's Signature: _____		Date : ____/____/____
Title: _____		Phone: () _____