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.)