



**NAVAJO OCCUPATIONAL SAFETY & HEALTH ADMINISTRATION
THE DIVISION OF HUMAN RESOURCES
NOTICE OF ALLEGED SAFETY OR HEALTH HAZARDS FORM**

For the General Public:

This form is provided for the assistance of any complaint and is not intended to constitute the exclusive means by which a complaint may be registered with the U.S. Department of Labor.

Sec 8 (f)(1) of the William-Steiger Occupational Safety & Health Act, 29 U.S.C. 651, provides as follow: Any Employees or representative of employees who believe that a violation of a safety or health standard exists that threatens physical harm, or that an imminent danger exists, may request an inspection by giving notice to Navajo OSHA or his/her authorized representative of such violation or danger. Any such notice shall be reduced to writing, shall set forth with reasonable particularity the grounds for the notice, and shall be signed by the employee or representative or employees, and a copy shall be provided the employer or his agent no later than at the time of inspection, except that, upon request of the person giving such notice, his name and the names of individual employees referred to therein shall not appear in such copy or on any record published, released, or made available pursuant to subsection (g) of this section. If upon receipt of such notification Navajo OSHA determines there are reasonable grounds to believe that a violation or danger exists, he shall notify the employees or representative of the employees in writing of such determination.

NOTE: Section 1432(B) of the Navajo OSH Act of 2000 provides explicit protection for employees exercising their rights, including making safety and health complaints.

For Navajo Nation & Other Navajo Entity Employees:

This report format is provided to assist Employees on the Navajo Nation, Other Navajo Entities, and Businesses or authorized representatives in registering a report of unsafe or unhealthful working conditions with the Navajo Occupational Safety & Health Administration.

The Navajo OSHA may conduct unannounced inspection of agency workplaces when deemed necessary if an agency does not have Safety & Health Committees established in accordance with Navajo OSH Act of 2000; or in response to the reports of unsafe or unhealthful working conditions upon request of such agency committees under Sec. 1401,1402,1403,1411,1421,1422, 13 N.N.C. Chapter 55, Navajo Nation Safety Committee, Sections 4701-4705 in its entirety.

INSTRUCTIONS:

Open the form and complete the front page as accurately and completely as possible. Describe each hazard you think exists in as much detail as you can. If the hazards described in you complaint are not all in the same area, please identify where each hazard can be found at the worksite. If there is any particular evidence that supports our suspicion that a hazard exists (for instance, a recent accident or physical symptoms of employees at your site) including the information in your description. If you need more space than is provided on the form continue on a separate sheet of paper.

After you have completed the form, return it to Navajo OSHA Office.

NOTE: It is unlawful to make any false statement(s), representation or certification in any document, application, record, report, plan or other document filed or required to be maintained pursuant to the Occupational Safety & Health Act of 2000. Violations can be punished by a fine of not more than five thousand dollars (\$5000) for each violation or by imprisonment for not more than six months, or both. Section 1481(H)

Public reporting burden for this voluntary collection of information is estimated to vary from 15 to 25 minutes per response with an average of 17 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An Agency may not conduct or sponsor, and persons are not required to respond to the collection of information unless it displays a valid Control Number. Send comment regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Programs & Projects Specialist of Navajo OSHA (2689 Window Rock Blvd, Window Rock, AZ 86515) and Division Director of Human Resources.

Expires 08/24/18

Send completed form to this Office.



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THE DIVISION OF HUMAN RESOURCES
NOTICE OF ALLEGED SAFETY OR HEALTH HAZARDS FORM**

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| Date of Incident: | COMPLAINT NUMBER: | |
| Establishment Name: | | |
| Employer's Name: | | |
| Establishment's Physical Address: | | |
| Mailing Address: | | |
| Immediate Supervisor: | | |
| Employer's Telephone: | FAX#: | |
| Nature of Business: | | |
| Describe fully the hazards that you believe exist including the number of employees exposed: | | |
| Specify each location or work area where the hazards describe above exist: | | |

THIS CONDITION HAS BEEN BROUGHT TO THE ATTENTION OF: (Check all that apply)

| | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Employer | <input type="checkbox"/> FEDERAL OSHA | <input type="checkbox"/> Other Government Agency (Specify): |
| Reporting Person: | Telephone: | |
| Mailing Address: | | |
| Relationship to Employer: | <input type="checkbox"/> Employee | <input type="checkbox"/> Other (Specify): _____ |
| If person filing complaint is an employee representative, What organization does the complainant represent (Provide the name and local# of the organization and your title, if appropriate): | | |
| The identity of the person filing this complaint will be revealed to the employer unless the release of the name will result in substantial harm to the person filing the complaint please indicate the following: | | |
| <input type="checkbox"/> My name may be revealed | | |
| <input type="checkbox"/> Do not reveal my name to the employer because (Specify): _____ | | |
| (MARK "X" IN ONE BOX) | | <input type="checkbox"/> Representative of Employees |
| <input type="checkbox"/> Former Employee | | <input type="checkbox"/> Federal Safety & Health Committee |
| <input type="checkbox"/> Current Employee | | <input type="checkbox"/> Other (Specify): _____ |
| The undersigned believes that a violation of an Occupational Safety or Health Standard exists which is a job safety or health hazard at the establishment named on this form. | | |
| Print Name: | Telephone: | () |
| Signature: | Date: | |

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| Navajo Occupational Safety & Health Administration Physical Address: 2689 Window Rock Blvd., Window Rock, AZ 86515 Mailing Address: P.O. BOX 1447, Window Rock, AZ 86515 WWW.NNOSHA.ORG | PHONE: (928) 871-6742 FAX: (928) 871-6825 llantana@nnosha.org dtoddy@nnosha.org |
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