



OFFICE OF CONGRESSIONAL WORKPLACE RIGHTS

OFFICE OF THE GENERAL COUNSEL

Request for Safety and Health Inspection of Employing Office

DO NOT WRITE IN THIS SPACE

VERSION 2019.03

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Case No.

Date Filed

I am an employee or a representative of an employing office in the Legislative Branch.
I am requesting this inspection because I believe that a safety or health hazard exists in the workplace.

I wish to do not wish to remain anonymous.

IF YOU WISH TO REMAIN ANONYMOUS, YOUR NAME WILL NOT BE REVEALED TO OTHERS UNLESS YOU TELL US OTHERWISE.

Description of the hazard. Describe the unsafe acts and/or hazardous conditions and any injuries, illnesses, or "close calls" caused by these acts or conditions.

INCLUDE DETAILS SUCH AS DATES AND LOCATIONS. ADDITIONAL OR SUPPORTING INFORMATION MAY BE ATTACHED.

Does the hazard described above continue to occur? Yes No I don't know

If it continues, how often does it occur? Continually Daily Weekly Monthly

Other frequency

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Offices responsible for the hazard(s).
IF KNOWN; THIS INFORMATION IS NOT MANDATORY

Representatives from these offices.
IF KNOWN; THIS INFORMATION IS NOT MANDATORY

Name	Phone ()
Name	Phone ()
Name	Phone ()

Have you discussed the hazard with anyone responsible for having the hazard corrected? Yes No
If yes, please describe who was contacted and what was discussed. THIS INFORMATION IS NOT MANDATORY

Requestor

Name

Work Organization

Work Phone ()
Home Phone ()
Cell Phone ()
Other Phone ()

Mailing Address

Street Name and Number

Apartment or Suite Number

City, State, Zip Code

THIS ADDRESS WILL BE USED FOR PROVIDING YOU WITH CORRESPONDENCE AND OUR FINDINGS. IT WILL NOT BE SHARED IF YOU REQUEST ANONYMITY.

Is your work unit represented by a labor organization? Yes No THIS INFORMATION IS NOT MANDATORY

If yes, please identify the labor organization.
Contact information:

I certify under penalty of perjury, as detailed by 18 U.S.C.A. 1621, that the foregoing is true and correct.

Signature _____ **Date** _____.