REPORT NO.

EMPLOYEE HAZARD REPORT

NNSY 6260/49 (Rev 6-82)

1. FROM (NAME, SHOP, CHECK NO. & PHONE NO.)	2. DATE	3. TIME

4. TO:

(Code 106)

5. SHIP NAME	6. COMPARTMENT	7. DECK/LEVEL	8. FRAME NO.	9. PORT STBD

10. BLDG NO	11. INTERIOR/EXTERIOR	12. DECK	13. COLUMN	14. BAY

15. OTHER (GIVE LOCATION SUCH AS DRYDOCK, STREET, PIER, ETC.)

16. IMMEDIATE SUPERVISOR NOTIFIED

☐ YES ☐ NO IF YES, NAME AND TIME NOTIFIED: _____
(Include Supervisor's Phone No.)

17. DESCRIPTION OF SAFETY DEFICIENCY

☐ UNSAFE ACT ☐ UNSAFE CONDITION ☐ UNHEALTHY CONDITION

☐ MY NAME MAY BE REVEALED ☐ MY NAME MAY NOT BE REVEALED	SIGNATURE (OPTIONAL)	DATE

18. ACTION TAKEN

19. REVIEWED BY CODE 106

RISK ASSESSMENT CODE _____ ☐ SATISFACTORY ☐ UNSATISFACTORY

20. REMARKS

	SIGNATURE	DATE