Stand Up for Safe Jobs!

Fact Sheet #2

What You Can Do About Unsafe Conditions

PS FORM 1767 & YOU

Management has a legal and contractual obligation to provide a safe work environment. But we have an important role as well.

Look around your workplace. If you see something that concerns you, ask yourself: Can it hurt me? Can it make me sick? If the answer to either question is "yes," then it's unsafe.

What rights do I have?

Section 814.1 of the Employee Labor Relations Manual (ELM) says: "Employees have the right to: a. Become actively involved in the Postal Service's safety and health program and be provided a safe and healthful work environment. b. Report unsafe and unhealthful working conditions using PS Form 1767, *Report of Hazard, Unsafe Condition, or Practice."*

How do I report a hazard?

Fill out a PS Form 1767

Section 824.631 of the ELM says: "Any employee, or the representative of any employee, who believes that an unsafe or unhealthful condition exists in the workplace may do any or all of the following: a. File a report of the condition on PS Form 1767 with the immediate supervisor and request an inspection of the alleged condition…" *Remember to keep the blue copy of the form. And keep in mind, using the form is most effective if ALL employees take part.*

Where do I get PS Form 1767?

Article 14, Section 2 says: "A supply of PS Form 1767 must be readily available in the workplace..."

Can management retaliate?

No. Section 814.1.e. of the ELM states: "Employees have the right to: Participate in the safety and health program without fear of: Restraint, Interference, Coercion, Discrimination, or Reprisal."

What must my supervisor do?

Section 824.632 of the ELM says: "The immediate supervisor must promptly (within the tour of duty): a. Investigate the alleged condition. b. Initiate immediate corrective action or make appropriate recommendations. c. Record actions or recommendations on PS Form 1767. d. Forward the original 1767 and one copy to the next appropriate level of management (approving official). e. Give the employee a copy signed by the supervisor as a receipt…"

Everyone has the right to leave work in one piece.

JOIN THE FIGHT FOR SAFE JOBS!

UNITED STATES POSTAL SERVICE®

Report of Hazard, Unsafe Condition or Practice

Hazard Control Number *(Assigned by Safety Officer)*

___ ___ ___ ___ ___

I. EMPLOYEE'S ACTION

Area *(Specify Work Location)*

Describe hazard, unsafe condition or practice. Recommended corrective action.

Employee	Print and Sign	Date and Tour

II. SUPERVISOR'S ACTION

Recommend or describe action taken to eliminate the hazard, unsafe condition or practice. *(If corrective action has been taken, indicate the date of abatement.)*

Supervisor	Print and Sign	Date

III. APPROVING OFFICIAL'S ACTION *(Check One and Complete)*

	The following corrective action was taken to eliminate the hazard, unsafe condition or practice *(Indicate date of abatement):*
	A work order has been submitted to the manager, plant maintenance to effect the following change:
	There are no reasonable grounds to determine such a hazard exists. This decision is based upon:

Approving Official	Print and Sign	Date	Date Employee Notified

IV. MAINTENANCE ACTION *(Complete if Necessary)*

Maintenance Supervisor	Print and Sign	Date	Date Hazard Abated

INSTRUCTIONS

I. EMPLOYEE (Print, sign, and date.)

a. Complete section I. and file it with your immediate supervisor.

b. If you desire anonymity, complete section I. (including your name) and file the report with the Safety Office. Safety personnel will immediately return the form to your supervisor for necessary action, and will delete your name from the form to ensure your anonymity.

II. SUPERVISOR (Print, sign, and date.)

a. Investigate the alleged hazard during the same tour of duty in which the report was received.

b. Abate the hazard if it is within the scope of your authority to do so.

c. Record the action taken to eliminate the hazard or record recommendation for corrective action in section II. and sign your name.

d. Forward the original and yellow copy to your immediate supervisor (approving official); send the pink copy to the Safety Office; and give the employee the remaining blue copy as a receipt. It is your responsibility to monitor the status of the report, at all times, until the hazard is abated.

III. APPROVING OFFICIAL (Print, sign, and date.)

a. Initiate action to eliminate or minimize the hazard. If this results in the submission of a work order, attach the original of this form, and forward through channels, to the manager, Plant Maintenance.

b. If you determine that there are no reasonable grounds to believe a hazard exists, notify the employee in writing within 15 calendar days. Safety personnel will assist you in this determination when requested.

c. If the hazard was abated by the first line supervisor or when it has been abated through your actions, notify the employee in writing, and send the original of this form to the Safety Office.

IV. MAINTENANCE SUPERVISOR (Print, sign, and date.)

When the work order has been completed, sign, date, and return the original of this form to the approving official who will then forward it to the Safety Office.