EHS CONCERNS REPORTING FORM

For Office Use
Date Received
Concern Number
Concern Classification

The Sanford Underground Laboratory at Homestake has established an EHS Concerns Program to help identify environmental, safety and health issues. Your assistance in informing us about such concerns is essential to the success of the effort.

EHS Concerns are to be reported to your supervisor as soon as practical either verbally or by using the 5 Point Safety System Checklist. You may, as an alternative, file an EHS Concerns Reporting Form to the EHS Director who will maintain your anonymity, if requested, under the circumstances described in the EHS Concerns Program.

THIS CONCERN IS: [ ] Unique [ ] Recurring [ ] Immediate
Nature of Concern: _______________________________________
Concern Location: _______________________________________

WHAT DO YOU BELIEVE MAY BE THE CONSEQUENCE(S) OF YOUR CONCERN IF IT IS NOT RESOLVED?

[ ] Loss of life [ ] Damage or loss of facilities or equipment
[ ] Personnel hazard or risk of injury [ ] Damage to the environment
[ ] Catastrophic release of chemicals

WHERE ELSE HAVE YOU REPORTED YOUR CONCERN? (IF YOU HAVE REPORTED THIS PROBLEM PREVIOUSLY, PLEASE ATTACH AS MUCH INFORMATION AS POSSIBLE)

[ ] Immediate Supervisor: [ ] EHS Professional:
[ ] Department Director: [ ] Other (specify):

WHO IS YOUR EMPLOYER/ SUPERVISOR?

[ ] Sanford Laboratory: [ ] Subcontractor (specify):
[ ] Other (specify):

EHS-1000-L4-02 / DCN-15
Revised: NEW (06-15-10)
Supersedes: (06/08/10)

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WHAT IS YOUR ROLE WITH REGARD TO THE AREA OF CONCERN?

______________________________________________________________

______________________________________________________________

______________________________________________________________

DESCRIBE YOUR CONCERN

Describe your concern as explicitly but concisely as possible. Discuss anything you think is important. Include what you believe really caused the problem and what can be done to prevent a recurrence, or correct the situation. (Attach additional sheets if required.)

______________________________________________________________

______________________________________________________________

If you are not satisfied with the response you receive after completion of this investigation, you may request further review by the Executive Director.

Signature: ___________________________ Date/Time ___________________________

[ ] Please make every effort to maintain my confidentiality.

Sanford Lab Telephone: ___________________________ Home Telephone: ___________________________

Official Use

EHS Contact: ___________________________ Date: ___________________________

Inspection Date: ___________________________ Inspector: ___________________________

Corrective Action:

______________________________________________________________

Completion Date: ___________________________ Response Date: ___________________________