



**Transportation
Security
Administration**

**OFFICE OF FINANCE AND ADMINISTRATION
OFFICE OF OCCUPATIONAL SAFETY, HEALTH, AND
ENVIRONMENT**

**TSA MANAGEMENT DIRECTIVE No. 2400.4
EMPLOYEE REPORTS OF UNSAFE/
UNHEALTHFUL WORKING CONDITIONS**

- 1. PURPOSE:** This directive establishes formal procedures for employees to report conditions in their workplaces or worksites that they believe to be unsafe or unhealthful; and for supervisors, managers, and safety and health staffs to respond to these reports. These procedures are based on the legal right of every employee to make a report of unsafe or unhealthful working conditions to their immediate supervisor or manager, local Safety Action Team, or appropriate local safety and health staff, and to request an inspection of such workplace or worksite.
- 2. SCOPE:** This directive applies to all TSA supervisors, managers, and employees.
- 3. AUTHORITIES:**
 - A. Occupational Safety and Health Act of 1970 (OSH Act of 1970), Section 19, Federal Agency Safety Programs and Responsibilities.
 - B. Executive Order 12196 (E.O. 12196), Occupational Safety and Health Programs for Federal Employees, dated February 26, 1980.
 - C. Title 29, Code of Federal Regulations, Part 1960.6 (29 CFR 1960.6), Designation of Agency Safety and Health Officials.
 - D. Title 29, Code of Federal Regulations, Part 1960.28 (29 CFR 1960.28), Employee Reports of Unsafe or Unhealthful Working Conditions.
 - E. Title 29, Code of Federal Regulations, Part 1960 (29 CFR 1960), Subpart G, Allegations of Reprisal.
- 4. DEFINITIONS:**
 - A. Designated Agency Safety and Health Official (DASHO). An individual responsible for the management and administration of the agency's safety and health program, as designated or appointed by the head of the agency, in accordance with 29 CFR 1960.6. At TSA Headquarters, the DASHO is the Chief Administrative Officer within the Office of Finance and Administration.
 - B. Designated Occupational Safety and Health Official (DOSHO). A person designated by line and staff management and who has sufficient authority to plan and budget for necessary staff, equipment, materials, and training to implement an effective occupational safety and health program for the organization.
 - C. Employee Report of Unsafe/Unhealthful Working Conditions (TSA Form 2400). A form to be used by an employee who wishes to report unsafe or unhealthful working conditions in writing, with or without an accompanying oral report. (See Attachment A). The employee may submit

TSA MANAGEMENT DIRECTIVE No. 2400.4
EMPLOYEE REPORTS OF UNSAFE/UNHEALTHFUL WORKING CONDITIONS

the written report to his/her supervisor or manager, Safety Action Team, or appropriate technically qualified occupational safety and health staff.

- D. Imminent Danger. Any condition or practice in a workplace such that a danger exists which could reasonably be expected to cause death or serious physical harm immediately or before the danger can be eliminated through normal procedures.
- E. Inspection. A comprehensive survey of all or part of a workplace by technically qualified occupational safety and health staff to detect safety and health hazards and to assess compliance with workplace standards. (See forthcoming TSA MD 2400.7, Inspections and Abatement, for more information.)
- F. Investigation. An initial assessment of an employee's report of an unsafe or unhealthful working condition to determine the need for an inspection; or, if an inspection has determined the presence of workplace hazards, an inquiry into the cause(s) of the hazards and needed corrective steps.
- G. Mishap/Incident/Unsafe or Unhealthful Working Conditions Investigation Report (TSA Form 2401). A written report (see Attachment B) that will be used to document an investigation of an employee's oral or written report of an unsafe or unhealthful working condition (TSA Form 2400). Copies of the form may be downloaded from the TSA intranet [forms page](#).
- H. Oral Report. A verbal report of an unsafe or unhealthful working condition made by an employee to his/her supervisor or manager, Safety Action Team, or appropriate technically qualified occupational safety and health staff.
- I. Other Than Serious. A violation of a standard that does not have a direct or immediate relationship to safety or health.
- J. Potentially Serious Hazard. A hazard that could reasonably be expected to result in death or serious physical harm.
- K. Safety Action Teams (SAT). Field unit committees composed of management and non-management employees who represent a shared responsibility for occupational safety and health, which augment the efforts of the Transportation Security Administration (TSA) headquarters safety staff by engaging in systematic approaches to accident prevention and loss control at the local level. Safety action teams provide a means by which employees can utilize their knowledge and experience of workplace operations and activities to assist TSA leadership in implementing the TSA occupational safety and health program.
- L. Technically Qualified Occupational Safety and Health Staff.
 - (1) Safety Professionals – Occupational safety and health specialists, occupational safety and health managers, safety engineers, industrial hygienists; or equally qualified agency or non-Governmental personnel who meet the basic qualifications as defined by personnel standards.

TSA MANAGEMENT DIRECTIVE No. 2400.4
EMPLOYEE REPORTS OF UNSAFE/UNHEALTHFUL WORKING CONDITIONS

- (2) Collateral Duty Safety and Health Personnel – Persons having safety and health training and experience to identify safety and health hazards and perform workplace inspections.
- M. TSA Safety and Health Council. A national committee composed of management officials representing headquarters staffs, to include representation from Federal Security Directors and screeners, which provides corporate focus and direction to the TSA occupational safety and health program by ensuring that all mission area interests and concerns are adequately addressed and integrated into the total program.
- N. Unsafe/Unhealthful Working Conditions. These are conditions within the work environment that employees believe are likely, or have the potential, to cause harm. The work environment includes not only physical locations, but also the equipment, tools, and practices used by the employee during the course of his or her work.

5. RESPONSIBILITIES:

A. Supervisors and Managers are responsible for:

- (1) Taking immediate action to investigate any employee report of an unsafe or unhealthful working condition that is submitted either orally or in writing, and initiating steps to eliminate identified hazardous conditions, reduce unacceptable risks, and implement corrective actions within the scope of their authority. TSA Form 2401, Mishap/Incident/Unsafe or Unhealthful Working Conditions Investigation Report (see Attachment B), will be used to document the investigation.
- (2) Notifying the appropriate technically qualified occupational safety and health staff of any corrective actions taken, or when assistance is needed.

Note: The TSA Office of Security should also be notified when a reported unsafe or unhealthful working condition involves a security control or procedure. During normal working hours contact the TSA Office of Security at (571) 227-3933. After normal working hours notification should be made by contacting the TSA Headquarters Control Center at (571) 227-2600.

- (3) Maintaining electronic and/or paper copies of completed employee reports of unsafe or unhealthful conditions (TSA Form 2400) and investigation reports (TSA Form 2401), and making them available to the Office of Occupational Safety and Health at TSA Headquarters upon request.

B. Technically Qualified Occupational Safety and Health Staff is responsible for:

- (1) Analyzing the validity of oral or written reports of unsafe or unhealthful working conditions.
- (2) Assisting the supervisor or manager in investigating valid oral or written reports of unsafe or unhealthful working conditions, and documenting the investigation in TSA Form 2401, Mishap/Incident/Unsafe or Unhealthful Working Conditions Investigation Report.

TSA MANAGEMENT DIRECTIVE No. 2400.4
EMPLOYEE REPORTS OF UNSAFE/UNHEALTHFUL WORKING CONDITIONS

- (3) Conducting a formal inspection of the workplace for unsafe or unhealthful working conditions referenced in employee reports, if indicated by the findings of an investigation. (See forthcoming TSA MD 2400.7, Inspections and Abatement, for more information).
- (4) Maintaining a log of all oral and written reports in accordance with paragraph 6.B. (4) of this Directive.
- (5) Coordinating with affected staffs and subject matter experts to determine the most cost effective control or abatement measures and safety communications channels to alert other field units of potential hazards in similar operations and activities.

C. Employees are responsible for:

- (1) Complying with TSA policy, procedures, and practices.
- (2) Performing work operations and activities in a safe and healthful manner, including the use of personal protective equipment and clothing, when required.
- (3) Reporting orally or in writing (using TSA Form 2400) any unsafe or unhealthful working condition, practice, or procedure that they believe exists in the workplace or worksite to their immediate supervisor or manager, local Safety Action Team, or appropriate local technically qualified occupational safety and health staff.
- (4) Making reports through the most expeditious means available when there is an imminent danger situation.

6. POLICY AND PROCEDURES:

A. POLICY

- (1) Employees have the right and are encouraged to make reports of unsafe or unhealthful working conditions to their immediate supervisor or manager, Safety Action Team, or appropriate technically qualified occupational safety and health staff, and to request an inspection of their workplaces and worksites.
- (2) No employee shall be subject to restraint, interference, coercion, discrimination, or reprisal for:
 - (a) Orally reporting or submitting a written report of an unsafe or unhealthful working condition.
 - (b) Participating in TSA occupational safety and health program activities.
 - (c) Exercising any of their rights under section 19 of the OSH Act of 1970, E.O. 12196, or 29 CFR 1960.

B. PROCEDURES

(1) Oral Reports

- (a) Employees are encouraged to make an immediate oral report of unsafe or unhealthful working conditions, including potentially hazardous practices, procedures, or tasks to their immediate supervisor or manager, Safety Action Team, or appropriate local technically qualified occupational safety and health staff.
- (b) Supervisors and managers will act promptly and appropriately on employee oral reports and document the report and any actions taken in TSA Form 2401, Mishap/Incident/Unsafe or Unhealthful Working Condition Investigation Report.
- (c) An employee is not required to await the outcome of an oral report before filing a written report (TSA Form 2400).

(2) Written Reports

- (a) Employees may submit reports of unsafe or unhealthful working conditions, including potentially hazardous practices, procedures, or tasks in writing to their immediate supervisor or manager, Safety Action Team, or appropriate technically qualified occupational safety and health staff, using TSA Form 2400 (Attachment A). Written reports must describe the grounds for the report and contain the name of the employee submitting the report.
- (b) Supervisors and managers will act promptly and appropriately on employee written reports and document the report and any actions taken in TSA Form 2401, Mishap/Incident/Unsafe or Unhealthful Working Conditions Investigation Report.

(3) Disposition of Oral and Written Reports

- (a) Imminent danger conditions must be inspected by the supervisor, manager, or appropriate technically qualified occupational safety and health staff within 24 hours, potentially serious conditions within 3 working days, and other than serious safety and health conditions within 20 working days.

Note: An inspection may not be necessary, if through normal management action and with prompt notification to employees and the Safety Action Team, the hazardous condition identified is abated immediately. The prompt abatement will be documented in the investigation report (TSA Form 2401).

- (b) If other unsafe or unhealthful working conditions are observed during an inspection requested by an employee, corrective measures for these identified conditions must also be initiated.
- (c) Upon the request of the employee submitting an oral or written report, no person shall disclose the name of the employee making the report or the names of individual

TSA MANAGEMENT DIRECTIVE No. 2400.4
EMPLOYEE REPORTS OF UNSAFE/UNHEALTHFUL WORKING CONDITIONS

employees referred to in the report to anyone other than authorized representatives of the Secretary of Labor.

- (d) An employee submitting an oral or written report of unsafe or unhealthful working condition shall be notified in writing by their supervisor or manager within 15 days, if the technically qualified occupational safety and health staff determines that there are no reasonable grounds for believing a hazard exists and does not plan to conduct an inspection based on such report. A copy of management's written notification shall be provided to the local Safety Action Team.
 - (e) Investigation reports and inspection reports generated because of an employee report shall be made available to the employee within 15 days after completion of the inspection for safety hazards or within 30 days for health hazards.
 - (f) If the employee who requested an inspection for unsafe or unhealthful working conditions is not satisfied with the findings of the inspection, or the action taken as a result of the inspection, the employee can request a review through the appropriate occupational safety and health staff at the next organizational level or the organization's designated occupational safety and health official (DOSHO). The Office of Occupational Safety and Health at TSA Headquarters is available for consultation.
 - (g) While employees have the right to report hazards directly to the Secretary of Labor, they are encouraged to go through their management line for resolution. If the originator of a report of an unsafe or unhealthful condition is not satisfied with the outcome of TSA's internal resolution process, he/she retains the right to forward his/her report to the Secretary of Labor for review.
- (4) Report Logs
- (a) Each employee report, oral or written, shall be recorded on a log maintained by the local technically qualified occupational safety and health staff. A copy of the log and subsequent updates shall be furnished to the local Safety Action Team.
 - (b) The log must be sequentially numbered and coded to allow cross-referencing of the applicable reports. It will be used to maintain an accurate record of employee reports and follow-up responses. The log shall contain at least the following information on reports of unsafe or unhealthful working conditions:
 - (i) Date, time, and code/reference/file number.
 - (ii) Location of the unsafe or unhealthful working condition.
 - (iii) Brief description of the condition.
 - (iv) Classification of the condition (imminent, potentially serious, or other than serious).
 - (v) Date and nature of the action taken.

(5) Allegations of Reprisal

- (a) Employees have the right to decline to perform any assigned task because of a reasonable belief that the task poses an imminent risk of death or serious bodily harm coupled with a reasonable belief that there is insufficient time to seek effective redress through normal reporting and abatement procedures.
- (b) An employee complaint of reprisal for reporting potential unsafe or unhealthful working conditions must be reported immediately via telephone or fax through the chain of command to the appropriate DOSHO, and then to the Office of Occupational Safety and Health at TSA Headquarters. While resolution of the complaint should be achieved at the local management level, the TSA Office of Occupational Safety and Health is available for consultation. The report should include a description of the nature of the complaint, the investigation findings, and the steps taken to achieve resolution. If resolution is still pending, the report should provide recommendations for redressing the complaint, if warranted.
- (c) An employee who is dissatisfied with the initial resolution of his/her complaint of reprisal may appeal to the Designated Agency Safety and Health Official (DASHO) at TSA Headquarters via the Office of Finance and Administration (TSA-17).
- (d) The DASHO will keep the TSA Safety and Health Council and appropriate local Safety Action Teams advised of TSA activities regarding allegations of reprisal and any subsequent determinations. Investigation findings, if any, will be provided to the appropriate local Safety Action Teams.

(6) TSA Records Retention


- (a) Completed written employee reports (TSA Form 2400) and investigation reports (TSA Form 2401) must be accessible for a total of 6 years. Copies of the reports will be stored electronically when the automated safety information database is fielded.
- (b) Documents related to investigations of employee allegations of reprisal must be accessible for 5 years following the final decision that the investigation is closed.

**TSA MANAGEMENT DIRECTIVE No. 2400.4
EMPLOYEE REPORTS OF UNSAFE/UNHEALTHFUL WORKING CONDITIONS**

7. EFFECTIVE DATE AND IMPLEMENTATION:

This policy is effective immediately upon signature.

APPROVAL



Robert W. Gardner
Assistant Administrator for Finance and
Administration/CFO

4/30/04
Date

Filing Instructions: File with OSHE Management Directives
Effective Date: April 30, 2004
Review Date: April 30, 2005
Distribution: TSA Assistant Administrators, Office Directors
Point Of Contact: CAO/OSHE Office, Donna Kistoo, 571-227-2291

EMPLOYEE REPORT OF UNSAFE/UNHEALTHFUL WORKING CONDITIONS



**Transportation
Security
Administration**

report of the hazard, and (3) requests an inspection of his/her workplace or worksite.

1. I believe that a violation of an occupational safety or health standard exists at the workplace indicated in Block 3 below, and that this violation results in a job safety or health hazard to persons working at that place of employment. (Check One)

☐ Employee ☐ Other (Specify) _____

2. Does the hazard immediately threaten death or serious physical harm?

☐ Yes ☐ No

3. Location:

4. Address (Street/City/State/Zip Code):

5. Specify the particular building or worksite where the alleged hazard is located:

6. Name of supervisor in charge:

7. Telephone number of supervisor in charge:

8. Briefly describe the hazard that exists, including the approximate number of persons exposed to or threatened by the hazard:

9. To your knowledge, has this hazard been reported previously, or have you (or anyone you know) called it to the attention of or discussed it with management? (Check One)

☐ Yes ☐ No

10. If "Yes" is checked above, please describe the results, including any efforts by management to correct the hazard:

11. Please indicate your right to anonymity: (Check One)

☐ My name may not be revealed to anyone ☐ My name may be revealed

12. Activity/Organization:

13. Date:

14. Telephone Number:

15. Name:

16. Signature

1. SEND COMPLETED REPORT TO YOUR SUPERVISOR/MANAGER; OR LOCAL SAFETY AND HEALTH STAFF; OR SAFETY ACTION TEAM FOR INVESTIGATION.
2. THIS REPORT (AND ASSOCIATED REPORTS) MUST BE ACCESSIBLE FOR 6 YEARS IN ACCORDANCE WITH TSA MD 2400.4.

OFFICE OF OCCUPATIONAL SAFETY, HEALTH, AND ENVIRONMENT
MISHAP/INCIDENT/UNSAFE OR UNHEALTHFUL WORKING CONDITIONS INVESTIGATION REPORT



**Transportation
Security
Administration**

Sect. A.	1. DATE AND TIME OF EVENT:	2. DATE AND TIME PREPARER NOTIFIED:	3. IS THIS A REVISION OF A PREVIOUS REPORT: Yes <input type="checkbox"/> NO <input type="checkbox"/>	4. CASE NUMBER: (Example: TSA-BWI-001-03)
	5. OFFICE LOCATION: (Example: TSA Field Office, O'Hare International Airport)			
	6. NATURE OF EVENT: (check only one box reflecting EVENT having greatest significance)			
	INJURY/ILLNESS: <input type="checkbox"/> INJURY <input type="checkbox"/> ILLNESS (Please complete Sections A, B, C, and F of this form as appropriate. If property damage is connected to injury, then complete Sections D, or E as necessary to show connection.)			
	PROPERTY DAMAGE ONLY (\$500 - \$99,999.): <input type="checkbox"/> FACILITY <input type="checkbox"/> EQUIPMENT <input type="checkbox"/> VEHICLE <input type="checkbox"/> PROPERTY (Please complete Sections A, B, D, E, and F as appropriate.)			
	SERIOUS MISHAP: <input type="checkbox"/> FATALITY <input type="checkbox"/> HOSPITALIZATION OF ≥ 3 EMPLOYEES <input type="checkbox"/> PROPERTY DAMAGE ≥ \$100,000 (Please complete Sections A, B, C, D, E, and F of this form as appropriate; If property damage only, omit Section C.)			
	INCIDENT: <input type="checkbox"/> NEAR MISS: (e.g. conveyor emergency stop fails, causing bags to pile up and fall, narrowly causing injury) (Please complete all Sections as appropriate.) <input type="checkbox"/> UNEXPECTED EVENT: (e.g. as part of routine system operational checks, conveyor emergency stop fails to shut down system) <input type="checkbox"/> OTHER: (please describe)			
	EMPLOYEE REPORT OF UNSAFE OR UNHEALTHFUL WORKING CONDITION: <input type="checkbox"/> ORAL REPORT <input type="checkbox"/> WRITTEN REPORT (Please complete all Sections as appropriate.) (TSA FORM 2400 - please attach)			
	SEE ADDITIONAL INSTRUCTIONS ON LAST PAGE			
	7. EVENT OCCURRED IN TSA-OWNED OR CONTROLLED SPACE: <input type="checkbox"/> YES <input type="checkbox"/> NO			
8. SPECIFIC LOCATION OF EVENT: (e.g., Concourse B Checkpoint, Lane 3)				
9. EVENT REPORTED BY (first, middle initial, last):				
Sect. B.	Please read the Privacy Act Statement on Page 4 of this Form (If more than one employee was involved in the same event, please provide additional employee information on another sheet.)			
	10. NAME OF EMPLOYEE (first, middle initial, last):		11. SOCIAL SECURITY NUMBER:	
	12. CHECK HERE IF EMPLOYEE REPORTED AN UNSAFE OR UNHEALTHFUL WORKING CONDITION AND NAME IS WITHHELD AT EMPLOYEE'S REQUEST: <input type="checkbox"/>			
	13. STREET:			
	14. CITY, STATE, ZIP:			
	15. DATE OF BIRTH (mm/dd/yy):			
	16. OCCUPATION/JOB TITLE:			
	17. DATE OF HIRE (mm/dd/yy):			
	18. SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			

Sect. C. O S H A D A T A	19. IS THE FATALITY, INJURY, OR ILLNESS OSHA-RECORDABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, proceed to Section F) If Yes, note entry number on OSHA 300 Log:		
	20. TIME EMPLOYEE BEGAN WORK ON DATE OF INJURY, ILLNESS OR FATALITY: <input type="checkbox"/> AM <input type="checkbox"/> PM		21. TIME OF EVENT: <input type="checkbox"/> AM <input type="checkbox"/> PM Check here if time cannot be determined: <input type="checkbox"/>
	22. NAME OF PHYSICIAN OR OTHER HEALTH CARE PROFESSIONAL WHO TREATED EMPLOYEE: (please print clearly)		
	23. WAS EMPLOYEE TREATED AWAY FROM THE WORKSITE? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, provide following information) Facility Name: Street: City: State: ZIP:		
	24. WAS EMPLOYEE TREATED IN AN EMERGENCY ROOM? <input type="checkbox"/> YES <input type="checkbox"/> NO		25. WAS EMPLOYEE HOSPITALIZED OVERNIGHT AS AN IN-PATIENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
	26. IF SERIOUS MISHAP, INDICATE THE ORGANIZATIONS THAT WERE CONTACTED AS REQUIRED BY TSA MD 2400.5: <input type="checkbox"/> LOCAL OSHA <input type="checkbox"/> TSCC <input type="checkbox"/> TSA HQ (OSH) <input type="checkbox"/> OTHER (Indicate)		
Sect. D. P R O P E R T Y D A M A G E	27. FIRE/SMOKE: <input type="checkbox"/> FACILITY <input type="checkbox"/> VEHICLE <input type="checkbox"/> EQUIPMENT <input type="checkbox"/> OTHER		
	28. ELECTRICAL: <input type="checkbox"/> WIRING <input type="checkbox"/> OVERLOAD <input type="checkbox"/> INSULATION <input type="checkbox"/> GROUNDING <input type="checkbox"/> EQUIPMENT CONTACT <input type="checkbox"/> OTHER:		
	29. CHEMICAL RELEASE: <input type="checkbox"/> SPILL <input type="checkbox"/> OTHER (Indicate)		
	30. EXPLOSION: <input type="checkbox"/> CHEMICAL <input type="checkbox"/> HIGH EXPLOSIVES <input type="checkbox"/> OTHER (Indicate)		
	31. MECHANICAL: <input type="checkbox"/> CONVEYOR <input type="checkbox"/> PRESSURE <input type="checkbox"/> FALLS <input type="checkbox"/> MECHANICAL BREAKDOWN <input type="checkbox"/> OVERLOAD <input type="checkbox"/> OTHER (Indicate)		
Sect. E. V E H I C L E	32. LIGHT HIGHWAY: <input type="checkbox"/> AUTOMOBILE <input type="checkbox"/> VAN <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> PICKUP TRUCK/SUV		
	33. HEAVY HIGHWAY: <input type="checkbox"/> BUS <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> DELIVERY TRUCK <input type="checkbox"/> SEMITRAILER/TRACTOR TRAILER		
	34. OTHER (Please describe):		
	35. WAS VEHICLE EQUIPPED WITH SAFETY BELTS? <input type="checkbox"/> YES <input type="checkbox"/> NO		36. IF "YES," WAS SAFETY BELT IN USE: <input type="checkbox"/> YES <input type="checkbox"/> NO
	37. DID VEHICLE MISHAP CONTRIBUTE TO AN OSHA-RECORDABLE INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please attach copy of SF 91, Motor Vehicle Accident Report)		
	38. TSA PROPERTY/VEHICLE COST: \$	39. NON-TSA PROPERTY/VEHICLE COST: \$	40. TOTAL DAMAGE COST: \$

Instructions for Completing TSA Form 2401

When is this form to be used?

This form is to be used when:

1. Investigating, in accordance with TSA MD 2400.4, a report given orally or in writing by an employee of an unsafe or unhealthful working condition.
2. Investigating, in accordance with TSA MD 2400.5, a mishap resulting in an injury, illness, or property damage; or an incident that, if not investigated, could lead to a mishap.
3. Preparing, in accordance with TSA MD 2400.5 Section 6.B.(3)(d), an "initial written notification" in the event of a serious mishap: a fatality, in-patient hospitalization of 3 or more employees for more than observation, or property damage valued in excess of \$100,000.

Who must complete the form?

The supervisor or manager of the employee reporting an unsafe or unhealthful working condition, or an employee experiencing an injury or illness, or who oversees the operation where property damage or an incident occurred, is responsible for ensuring that this form is completed properly, in accordance with the appropriate Directive listed above. The supervisor/manager is encouraged to seek the assistance of the local Safety Action Team or a technically qualified occupational safety and health staff person.

Limited specific guidance is provided below. For more information, please visit the TSA Occupational Safety and Health website on TSA's Intranet (http://tsaweb.tsa.dot.gov/tsaweb/intraapp/editorial/editorial_0781.xml), or contact Donna Kistoo, OSHE Office Administrator, at (571) 227- 2291 for assistance.

Section	Block	Topic	Clarification
A	4	Case Number	Case numbers will begin with "001" at the beginning of each calendar year and will be numbered consecutively throughout the year. The office location or routing number will indicate where the event occurred. For example, TSA-17- 001-03; or TSA-BWI-001-03.
A	6	Nature of EVENT	Check only one box, representing the most serious event. For example, an injury is more serious than property damage, though the latter may have contributed to the injury. A fatality is more serious than the injury that may have preceded it. If an employee dies after the form was completed for an injury, then the form should be updated and the "yes" checkbox checked in block # 3.
B	10	Request to Withhold Name	If an employee checks the checkbox requesting that his/her name be withheld, it is important to ensure that this person's name is not divulged beyond those individuals specifically responsible for investigating the alleged hazard, such as the immediate supervisor and a technically qualified safety and health person. If copies are made of this form, the name must be rendered illegible.
C	11	OSHA Recordable	OSHA requires that work-related injuries and illnesses that result in the following be recorded on the OSHA 300 Log (29 CFR Part 1904): (1) death; (2) days away from work beyond the date of injury; (3) restricted work activity or job transfer; (4) loss of consciousness; (5) medical treatment beyond first aid; (6) a significant injury or illness diagnosed by a physician or other licensed health provider. If in doubt, contact a safety professional/collateral duty safety and health person, or review information on OSHA's recordkeeping site at www.osha.gov/recordkeeping .

Confidentiality Requirements

THIS FORM CONTAINS INFORMATION RELATING TO EMPLOYEE HEALTH AND MUST BE USED IN A MANNER THAT PROTECTS THE CONFIDENTIALITY OF EMPLOYEES TO THE MAXIMUM EXTENT POSSIBLE WHILE THE INFORMATION IS BEING USED FOR OCCUPATIONAL SAFETY AND HEALTH PURPOSES. THIS FORM SHOULD BE MAINTAINED IN A SECURED OFFICE OR FILE TO PREVENT UNWARRANTED RELEASE OF EMPLOYEES' PERSONAL INFORMATION (FOR EXAMPLE, NAME, ADDRESS, SOCIAL SECURITY NUMBER, AND MEDICAL INFORMATION) THAT IS PROTECTED BY OSHA AND PRIVACY ACT REGULATIONS. TSA SUPERVISORS, MANAGERS, AND OCCUPATIONAL SAFETY AND HEALTH STAFF MUST FAMILIARIZE THEMSELVES WITH "PRIVACY CONCERN CASE" REQUIREMENTS IN 29 CFR 1904.29 BEFORE COMPLETING PART 1904 FORMS OR THIS FORM. SINCE THIS FORM INCORPORATES ALL DATA ELEMENTS IN OSHA FORM 301, INJURY AND ILLNESS INCIDENT REPORT, THE SAME "PRIVACY CONCERN CASE" RESTRICTIONS APPLY. EMPLOYEES MAY REQUEST ACCESS TO THEIR OWN RECORDS IN ACCORDANCE WITH 29 CFR 1904.35. GOVERNMENT REPRESENTATIVES MAY REQUEST PART 1904 RECORDS IN ACCORDANCE WITH 29 CFR 1904.40 AND TSA MD 2400.5.

Privacy Act Statement

AUTHORITY: 5 U.S.C. 301, 29 CFR PART 1904, E.O. 9397, 12196. **PRINCIPAL PURPOSE(S):** TO REPORT, TRACK, AND STUDY WORK-RELATED INJURIES, ILLNESSES, AND MISHAPS. **ROUTINE USE(S):** THE INFORMATION YOU PROVIDE MAY BE SHARED WITH OTHER GOVERNMENT AGENCIES, TRANSPORTATION FACILITIES, OR OTHER PERSONS WHERE APPROPRIATE. **DISCLOSURE:** MANDATORY; FAILURE TO PROVIDE THE REQUESTED INFORMATION MAY PREVENT PROCESSING OF ANY ASSOCIATED CLAIMS.