

GUAM POWER AUTHORITY		* No.: SOP-067
Standard Operating Procedure		
Title: EMPLOYEE HAZARD REPORTING		Prepared By: <i>J.C. Crisostomo</i> J.C. Crisostomo, Safety Administrator
		Approved By: <i>John B. B...</i> JOHN M. BENAVENTE, GEN. MGR.
Effective Date: 4-4-03	Supersedes No. SP-067 of 08/04/93	
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I. PURPOSE

To provide Authority employees with information and guidelines in the reporting of identified hazards and unsafe working condition/practice in the workplace.

II. SCOPE

The content of this procedure is applicable to all Authority employees.

III. GENERAL REQUIREMENTS

A. All Authority employees are encouraged to be active participants in the identification and prompt reporting of unsafe and unhealthful conditions in their work sites; and to relate such conditions to their supervisors without fear of retribution of any kind for said action.

1. Examples of hazards or unsafe conditions/practices in the workplace may include, but are not limited to:
 - a. Exposure to Heat, Noise, or Chemical hazards.
 - b. Unavailability or failure to use Personal Protective Equipment.
 - c. Unqualified or untrained personnel being assigned to do the work.
 - d. Failure to comply with established procedures, standards, or regulations.
 - e. Removal of manufacturer's protective guards from tools and equipment.

- B. Any employee, or his/her representative, may forward a written report or complaint directly to the **Division of Occupational Safety and Health (DOSH)** or the **Authority's Safety Administrator** without fear of retribution of any kind for said action.
- C. Employees are urged to report all hazards they observe at their workplaces to their **Immediate Supervisor**, either orally or in writing; this procedure should provide quick and effective results.

IV. REPORTING FORMS

- # A. Sample of the blank forms described below may be obtained from the Safety Office.
- B. **Form GOSH-100 - Employee Report of Unsafe or Unhealthful Work Place Condition. (Appendix "A")**
 - 1. This form shall be used by any employee who observes an unhealthful or unsafe condition or practice in the work place.
 - 2. This form shall be used when the intent or final destination is **DOSH**, Department of Labor.
 - 3. The completed **GOSH-100** form may be forwarded to the immediate supervisor, the Safety Administrator, or to DOSH, at the complainant's choice.
- C. **Guam Power Authority "Employee Report of Unsafe/Unhealthful Conditions". (Appendix "B")**
 - 1. This form shall be used in-house, within GPA, for reporting of unsafe or unhealthful conditions at Authority work areas.
 - 2. It can also be utilized when the addressee or final destination of the report is the Safety Administrator.

V. IMMEDIATE SUPERVISOR

- A. Upon receipt of his/her employee's report of an unsafe or unhealthful work condition, the immediate supervisor shall:
 - 1. Investigate the hazard promptly.
 - 2. Initiate corrective or remedial measures.

3. Inform the complainant and the Safety Administrator, within five days of receipt of report, of the corrective or remedial measures performed or proposed.

VI. SAFETY ADMINISTRATOR

- A. Upon receipt of written report or complaint, **Form GOSH-100** or **GPA Employee Report of Unsafe/Unhealthful Conditions**, the Safety Administrator shall:
 1. Inform the complainant's Immediate Supervisor of the report.
 2. Conduct, or cause to be conducted, an investigation of the alleged unsafe or unhealthful work place condition/practice; the complainant's Immediate Supervisor shall be included in the investigation.
 3. Determine the appropriate measure to be undertaken as dictated by the investigation, and make recommendations to the Immediate Supervisor.
 4. Notify the complainant in writing, within five days of receipt of the report, of the action performed or proposed and the approximate completion date.
 5. Conduct, or cause to be conducted, a follow-up investigation to ensure that proposed abatement measures are applied and are effectuated.

VII. APPEALS

- A. If the complainant is not satisfied with his/her immediate supervisor's action or abatement, he/she may forward an appeal to the Safety Administrator for additional review and determination.
- B. If the originator is still dissatisfied with the Safety Administrator's endeavor, he/she may further appeal the case to the General Manager. The General Manager may order an investigation by any Division Manager, except the complainant's Division Manager.
- C. If the originator is not satisfied with the General Manager's investigation, he/she may submit an appeal to DOSH. The decision of the DOSH shall be final.

Distribution: A, B, C, &D

GOSH-100
(Rev. 01/89)

EMPLOYEE REPORT OF UNSAFE OR UNHEALTHFUL WORK PLACE CONDITION

THIS FORM IS PROVIDED TO ASSIST EMPLOYEES TO SUBMIT A HAZARD REPORT AS REQUIRED BY GOSH ACT, CHAPTER 7, PARAGRAPH 2.

1. ORIGINATOR: ☐ Employee Name: _____ ☐ Employee Representative Name: _____

Alleges that an unsafe or unhealthful work place condition(s) has occurred.

2. Agency or Department Name:

3. Location - Building number and Worksite or Shop Name:

4. Name of Work Place Supervisor / Telephone No.:

5. Agency Safety Officer / Telephone No.:

6. In your opinion, does the hazard(s) immediately threatened death or serious physical harm? ☐ Yes ☐ No

7. Describe the hazard(s) which exist: _____ Number of employees exposed or threatened: _____

8. If known, list the specific safety standard(s) issued by the Agency which you claimed has been violated:

9. In your opinion, did your immediate supervisor have prior knowledge of the hazard? ☐ Yes ☐ No
If "Yes", indicate here previous corrective action taken:

10. Employee Signature

11. Employee's Mailing Address / Telephone No.

12. ANONYMITY DATA: May your name be revealed in the investigation of this report? ☐ Yes ☐ No

13. Investigating officer's report of finding and recommendations:

14. Signature of Investigating Officer

15. Date of Investigation



GUAM POWER AUTHORITY

ATURIDAT ILEKTRESEDAT GUAHAN
P.O. BOX 2977, AGANA, GUAM, USA 96910-2977

REPORT OF UNSAFE/UNHEALTHFUL CONDITIONS

FROM: _____ DATE: _____

TO: Immediate Supervisor _____

SUBJECT: Notification of Unsafe/Unhealthful Conditions

REFERENCE: GPA Standard Operating Procedures on Safety and Health

CONDITION: _____

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FROM: _____ DATE: _____

TO: Division Head _____

ACTION TAKEN/RECOMMENDATION: _____

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FROM: _____ DATE: _____

TO: Safety Administrator

COMMENT: _____

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COMMENT BY SAFETY ADMINISTRATOR: _____

DATE ACTION TAKEN: _____ FOR FILE: _____ FURTHER ACTION: _____

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Signature/Date

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If the originator of this report is dissatisfied with the action to correct deficiencies, an appeal may be taken directly with the Safety Administrator. Further appeal may be taken. The Safety Administrator will provide guidance.