

DEPARTMENT OF HOMELAND SECURITY
Transportation Security Administration

**UNSAFE OR UNHEALTHFUL WORKING CONDITION EMPLOYEE
REPORT AND INVESTIGATION**

INSTRUCTIONS: This form is used to report an unsafe or unhealthful working condition in writing, with or without an accompanying oral report, in accordance with 29 CFR 1960.28 and Chapter 5 of the TSA Occupational Safety and Health Manual.

Employees, Contractors, or Employee Representatives: Complete Section A to notify TSA management that an unsafe or unhealthful working condition exists at the workplace, which may result in a job related injury or illness.

- Once completed, submit the report to your supervisor, manager, Organizational Occupational Safety and Health (OSH) Specialist, a Safety Action Team (SAT) member, or Collateral Duty Safety Officer (CDSO).
- You have the right to report unsafe or unhealthful conditions anonymously. However, if an employee wishes to receive notification of an investigation or inspection resulting from the employee report, then employee information is necessary.

Supervisor, Manager, Organizational OSH Specialist, SAT Member, or CDSO: Complete Sections B through F and provide a copy of the first page of this form to the person reporting the unsafe or unhealthful condition. If the person reporting the condition elected to remain anonymous, maintain the receipt of report in your records.

SECTION A: EMPLOYEE REPORT

1. Date Reported: ___ / ___ / ___	Time: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	2. Individual Notified:
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3. Incident Type: <i>If condition resulted in a Near Miss, check both boxes.</i>	<input type="checkbox"/> Unsafe or Unhealthful Working Condition <input type="checkbox"/> Near Miss <i>(where an employee narrowly missed injury or illness as a result of the unsafe or unhealthful working condition)</i>
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4. Reported by:	5. Relation to TSA: <input type="checkbox"/> Employee <input type="checkbox"/> Representative <input type="checkbox"/> Other: _____
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6. Individual reporting incident wishes to remain anonymous.

7. Organization (3-character airport code or Organizational Unit Code):

8. Building or Worksite Location where incident occurred or condition was observed:

9. Supervisor in Charge (SIC) <i>(At building or worksite location)</i>	10. SIC Phone No.
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Section A1: Description

11. Employee Description: *(Include the number of persons exposed to or threatened by this condition.)*

12. Classification: *(Place a checkmark in the box you believe best describes the unsafe or unhealthful condition.)*

1 - Imminent Danger Condition – May be expected to cause death or serious physical harm immediately or before danger is eliminated.

2 - Potentially Serious Condition – May reasonably be expected to cause death or serious physical harm.

3 - Other than Serious Condition – A violation of a standard that does not have a direct or immediate relationship to safety/health.

Section A2: Verification and Signature

NOTE: If 'Anonymous' is checked in No. 6 above, proceed to No. 15. Otherwise, complete Nos. 13 through 15 below.

13. Prepared by:

14. Signature:	15. Date: ___ / ___ / ___
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SECTION B: ACKNOWLEDGEMENT OF RECEIPT

I acknowledge receipt of this *Unsafe or Unhealthful Working Condition Employee Report and Investigation* and will act upon it in accordance with 29 CFR 1960.28 and TSA OSH Manual Chapter 5, *Employee Hazard Reports*.

16. Received by:	17. Title:
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18. Signature:	19. Date: ___ / ___ / ___
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20. Date receipt was provided to employee: ___ / ___ / ___ Not provided as employee wishes to remain anonymous.

SECTION C: INVESTIGATION REPORT

21. Incident Type Investigated:

- Near Miss: During Routine Operational Check During Operation Other: _____
 Unsafe or Unhealthful Working Condition: Verbal Written Anonymous

22. TSA Controlled Area: Yes No

23. Severity Classification: 1 - Imminent Danger 2 - Potentially Serious 3 - Other than Serious 9 - No Hazard Exists

Section C1: Description

24. Has Condition Been Previously Reported? Yes No

25. Results of Previous Reports:

SECTION D: CAUSAL / CONTRIBUTING FACTORS Check here if no factors contributed to this incident.

26. Use this section to record all causal and contributing factors that may be attributed to the condition.

Group	Type	Assessment	Description

SECTION E: DISPOSITION OF INCIDENT AFTER INVESTIGATION Check here if no corrective action is necessary.

Section E1: Recommended Corrective Actions (Implemented locally or require collaboration with other entities or TSA HDQ)

27. Recommend corrective actions that are either implemented locally or require collaboration with other entities such as the airport authority or TSA Headquarters.

Recommendation	Estimated Cost (\$)	Estimated Date	Implemented	Actual Cost (\$)	Completed By	Actual Date
		___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No			___/___/___
		___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No			___/___/___
		___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No			___/___/___

Section E2: Request for Inspection

NOTE: For Nos. 28 – 33 indicate if inspection is necessary from a specialized entity, such as the MSC OSH Specialist, Federal Occupational Health (FOH), or other organization.

28. Is an Inspection Needed: Yes No 29. Date Requested: ___/___/___

30. Requested by:

31. Type of Inspection:

32. Request Status: Pending Approved Denied

33. Reason for Denial of Inspection:

Section E3: Incident Status

NOTE: For Nos. 34 – 35 check the most appropriate incident status based on the investigation and provide a summary of the investigation up to this point.

34. Disposition Status: Open Closed

35. Investigation Summary:

SECTION F: CERTIFICATION AND SIGNATURE

36. Report Prepared by:	37. Title:
38. Signature:	39. Date Prepared: ___/___/___
40. Reviewed by:	41. Date Reviewed: ___/___/___

Instructions for Completing TSA Form 2400 – Unsafe or Unhealthful Working Condition Employee Report and Investigation

Purpose: This form is used to report an unsafe or unhealthful working condition in writing, with or without an accompanying oral report in accordance with 29 CFR 1960.28 and Chapter 5 of the TSA Occupational Safety and Health Manual.

Completed by: Employees, contractors, and employee representatives complete Section A of this form. Supervisors, managers, Organizational OSH Specialist, Safety Action Team (SAT) members, and Collateral Duty Safety Officers (CDSO) who receive a report must complete Section B of this form and present a copy to the person reporting the unsafe or unhealthful condition. Additionally, an investigation of the potentially unsafe or unhealthful working condition must be conducted, and sections C through F completed by the supervisor or manager.

Allegations of Reprisal: No employee shall be subject to restraint, interference, coercion, discrimination, or reprisal for orally reporting or submitting a written report of an unsafe or unhealthful working condition, participating in TSA occupational safety and health program activities, or exercising any of their rights under section 19 of the Occupational Safety and Health Act of 1970, Executive Order 12196, and 29 CFR 1960.

Completing Section A – Employee, contractor, or employee representative

#	Item Name	Instruction
1.	Date/Time Reported:	Enter the date and time that this notice is created or when verbal notification is made.
2.	Sent to:	Enter the person notified of the unsafe or unhealthful working condition.
3.	Incident Type:	Place a checkmark in the appropriate box to indicate whether the incident was a near miss or an unsafe or unhealthful working condition.
4.	Reported by:	Enter the name of the person reporting this notice. Note: This should be blank if an employee elects to file a notice of unsafe or unhealthful working condition anonymously
5.	Reported as:	Indicate whether the person filing this notice is a TSA employee, employee representative, or other. If other is selected, describe the role of the person reporting the unsafe or unhealthful condition.
6.	Anonymous Indicator:	Place a checkmark in the appropriate box to indicate whether or not you wish to remain anonymous with respect to this report.
7.	Organization:	Enter either the 3-character airport code (i.e., LAS, DCA) or if not an airport facility, enter the 11-character organizational unit code.
8.	Specific Location:	Enter the specific building and/or worksite location where the condition was observed. Please be as descriptive as possible
9.	Supervisor in Charge:	Enter the name of the supervisor in charge of the building or worksite location where the condition was observed. Enter 'Unknown' if you do not know the supervisor's name.
10.	Supervisor Telephone:	Enter the telephone number of the supervisor in charge of the building or worksite location where the condition was observed.
11.	Employee Description of Unsafe/Unhealthful Condition	Describe in detail, the observed unsafe or unhealthful working condition that exists. Please be as detailed as possible and include the approximate number of persons exposed to or threatened by the condition, if known.
12.	Classification:	Place a checkmark next to the classification that best describes the potential hazard associated with the condition being reported. Use the descriptions provided in item 12 to make this determination.
13.	Report Prepared by:	Print your full name legibly. If an anonymous report was filed, go to item 15.
14.	Signature of Preparer:	Provide your signature if you did not elect to file an anonymous report.
15.	Date Prepared:	Enter the date (mm/dd/yyyy) that you prepared the report.

Completing Section B – Supervisor, manager, Organizational OSH Specialist, Safety Action Team, or other qualified safety specialist

#	Item Name	Instruction
16.	Received by:	Print your full name legibly as the person receiving the employee notice of unsafe or unhealthful working condition.
17.	Title:	Print your job title legibly.
18.	Signature:	Provide your signature acknowledging that you received the employee report of an unsafe or unhealthful working condition.
19.	Date Received:	Enter the date (mm/dd/yyyy) when you received this report.
20.	Date Receipt was provided to employee:	Enter the date (mm/dd/yyyy) that a copy of the signed TSA Form 2400 was provided to the employee who filed the report. If the employee filing the report elected to remain anonymous, place a checkmark in the checkbox indicating that the employee wishes to remain anonymous.

Completing Section C – Supervisor, manager, Organizational OSH Specialist, Safety Action Team, or other qualified safety specialist		
21.	Incident Type Investigated:	Place a checkmark in the appropriate box to indicate whether the notice pertains to a near miss, or an unsafe or unhealthful working condition. A near miss indicates that an employee narrowly missed injury or illness as a result of the unsafe or unhealthful working condition. If a near miss, place a checkmark in the appropriate activity being performed at the time of near miss. If an unsafe or unhealthful working condition, place a checkmark in the appropriate method of notification.
22.	TSA-Controlled Area:	Indicate whether or not the incident occurred in a TSA owned or controlled area. TSA Controlled Area is defined as an area where corrective actions can be made without intervention or support from a non-TSA entity such as a worksite authority or an air carrier. GSA leased space is a TSA Controlled Area.
23.	Severity Classification:	Place a checkmark to the left of the appropriate severity classification code based on the level of severity identified in the initial investigation. Use Appendix A as guidance in this decision. If no hazard exists, document your investigation in Item 35, <i>Investigation Summary</i> , and provide a copy of the completed TSA Form 2400 to the employee reporting the proposed unsafe or unhealthful working condition within 15 days.
24.	Has Condition been Reported Previously:	Place a checkmark in the appropriate box to indicate whether or not the reported unsafe or unhealthful condition has been reported by another person to TSA management.
25.	Results of Previous Reports:	When 'Yes' is checked in item 24, describe in detail, the results, including any efforts made by management to correct the unsafe or unhealthful condition.
Completing Section D – Supervisor, manager, Organizational OSH Specialist, Safety Action Team, or other qualified safety specialist		
Use this section to record all causal and contributing factors that may be attributed to the unsafe or unhealthful condition. See Appendix B for a listing of groups and types of potential causal and contributing factors.		
26.	Group:	Enter a record for each group of causal or contributing factor (i.e., human, environmental, material.)
	Type:	Enter the detailed factor causal or contributing factor for each grouping.
	Assessment:	Indicate whether the factor was causal, contributing, or not substantiated.
	Description:	Provide detailed information to support your reasoning for each factor identified.
Completing Section E – Supervisor, manager, Organizational OSH Specialist, Safety Action Team, or other qualified safety specialist		
27.	Recommendation:	Describe in detail, your recommendation(s) to correct the unsafe or unhealthful working condition.
	Estimated Cost:	Enter the estimated cost to implement the recommendation for corrective actions.
	Estimated Date:	Enter the estimated date that the recommendation will be implemented.
	Implemented:	Place a checkmark to the left of the appropriate indicator to identify whether the recommendation was implemented. If 'No' is checked, go to item 28.
	Act. Cost:	Enter the actual cost to implement the recommendation for corrective action.
	Completed By:	Enter the full name of the person or group that maintained responsibility for implementing the recommendation.
	Act. Completion Date:	Enter the actual date that the recommendation was completed.
28.	Inspection Needed:	Place a checkmark to the left of the appropriate indicator to document the need for additional inspections, such as noise and lighting levels, indoor air quality, or temperature stress to fully ascertain the causal or contributing factors. Note: Requests for these types of inspection should be sent through the MSC Occupational Safety and Health (OSH) specialist for review and processing. In SIS, record a request for inspection as an additional recommendation.
29.	Date Requested:	Enter the actual date that further inspection was requested through the MSC OSH specialist.
30.	Requested by:	Enter the full name of the person, or group that requested further inspection.
31.	Type of Inspection:	Enter the type of inspection that is requested.
32.	Request Status:	Place a checkmark to the left of the appropriate status of the inspection request. Note: At the time of request, place a checkmark to the left of 'Pending.'
33.	Reason for Denial of Inspection:	If a request for further inspection is denied either the MSC OSH specialist, Regional OSH Manger, or TSA HQ OSHE will provide reason for denial.
34.	Disposition Status:	Indicate the Disposition Status at the time that the investigation is completed. Note: Open represents any unsafe or unhealthful condition where an open recommendation has not been implemented, or where a response has not been received for a request for further inspection.
35.	Investigation Summary:	Describe in summary the investigation process and any findings of importance that support your determination of causal or contributing factors, as well as the recommended actions proposed to correct the reported unsafe or unhealthful working condition.

Completing Section F – Supervisor, manager, Organizational OSH Specialist, Safety Action Team, or other qualified safety specialist

36.	Report Prepared by:	Enter the full name of the person leading the investigation and preparing this report.
37.	Title:	Enter the title of the person preparing this investigative report.
38.	Signature:	The preparer of this investigative report must sign in this section.
39.	Date Prepared:	Enter the date that this investigative report is completed.
40.	Reviewed by:	Enter the full name of the CDSO, DOSHO, or MSC OSH specialist reviewing this report.
41.	Date Reviewed:	Enter the date that the report was reviewed by the CDSO, DOSHO, or MSC OSH Specialist.

APPENDIX A – INCIDENT SEVERITY CODES

UNSAFE OR UNHEALTHFUL WORKING CONDITIONS INCIDENTS

Severity Class	Severity Title	Severity Description
1	Imminent Danger	When a condition or practice in the workplace creates or imposes a danger that could reasonably be expected to cause death or serious physical harm immediately or before the imminence of such danger can be eliminated through normal procedures.
2	Serious	When a condition or practice in the workplace creates or imposes a hazard with reasonably substantial probability that death or serious physical harm could result.
3	Non-Serious	When a violation of an OSHA standard is identified but does not have a direct or immediate relationship to safety and health (i.e., programmatic elements, such as a lack of safety awards and recognition program).
9	No Hazard Documented	When an employee notification of unsafe or unhealthful working condition is received, investigated, and where no hazardous condition could be identified or documented.

APPENDIX B – CAUSAL / CONTRIBUTING FACTORS

Group	Type	Group	Type
Animals / Insects	Dog not muzzled	Ergonomic Factors (cont'd)	Other - Specify in description field
	Dog not restrained		Repetitive motion
	Insect nest nearby		Rough surfaces
	Other - Specify in description field		Sharp projections
	Uncontrolled vermin		Travel Distance
	Vibration		
Environmental	Air pressure (bends, decompression, altitude)		Workstation layout / design deficiency
	Brightness, glare		Workstation too high
	Clear/dry, visibility unlimited		
	Dark, dim	Firearms	Accidental discharge
	Dust, fumes, gasses, smoke, vapors		
	Fog, condensation, frost	Human Factors	Alcohol use
	Uneven surfaces (Holes, rocky rough, rutted)		Distraction
	Incline (gradual, steep)		Drug Abuse
	Lightning, static electricity, ground		Electrical cord not replaced
	Rain, sleet, hail, mist		Employee has history of not following safe practices
	Noise, bank, static		Failure to detect warning
	Other - Specify in description field		Failure to yield right of way
	Radiation, laser, sunlight		Fear/excitement
	Slippery (not due to precipitation)		Following too closely
	Snow, ice		Ground pin removed
	Storm, hurricane, tornado		Guard removed
	Temperature/humidity (cold, heat)		Improper backing
Vibration (shimmy, sway, shake)	Improper Use of Equipment		
Wind gust/turbulence	In a hurry		
	Inattention		
Equipment	Alarm failure	Job hazard analysis conducted but not followed	
	Alarm not detected	Lack of rest/sleep	
	Alarm not present	Misjudged clearance	
	Bent/warped	Other - Specify in description field	
	Cold surfaces	Overconfident in own/other's abilities	
	Compressed/hit/punctured	Poor/bad attitude	
	Controls malfunctioned	Prescription drug use	
	Corroded/rusted/pitted	Restricted vision	
	Decayed/decomposed	Safety feature disabled	
	Design deficiency	Task conducted under emergency conditions	
	Electric current action	Task performed alone, help needed	
	Electrical shock	Training course was not sufficient	
	Equipment failure		
	Froze (temperature)	Management Policies	ADA accommodations not provided
	Hot surfaces not insulated		HazCom Program not adequate or not implemented
	Indicator failure		Job hazard analyses not required or completed
	Indicator value inaccurate		Lack of supervision
	Moving parts guard failure		Not enforced
	Moving parts not guarded		Other - Specify in description field
	Not suited for duty cycle		Safety and Health Program not enforced
	Not suited for task / load		Tasks requirements not communicated effectively
	Obstructed/pinched/clogged		
	Other - Specify in description field		
	Overheated/burned/melted	Personal Protective Equipment	Other - Specify in description field
	Over pressured/burst		PPE Equipment Failure
	Pulled/stretched		PPE not appropriate for task
	Rough surfaces		PPE not readily available for task
	Rubbed/worn/frayed		PPE provided but not worn by employee
	Rupture		Seat belt failure
	Sharp projections unguarded		Seat belt not installed
	Sheared/cut		Seat belt not worn
	Twisted/torqued		
	Unknown		
Ergonomic Factors	Assist device failed	Physical Conditions	Hairless/receding hairline
	Assist devices not available		Difficult/unreasonable/argumentative
	Assist devices not used		Fatigue, lack of sleep, rest
	Bending		Handicap / impairment
	Climbing steps		Height
	Heavy loads		Insufficient strength for task
			Lack of conditioning
	Malodorous		
		Other - Specify in description field	

Appendix B – CAUSAL / CONTRIBUTING FACTORS (cont'd)

Group	Type
Physical Conditions (cont'd)	Stamina
	Unsafely
	Weight
	Work pace too fast
Training / Knowledge	
Training / Knowledge	Employee did not take training
	New task for employee or lack of experience
	Other - Specify in description field
	Training or SOP not followed for task
	Training did not cover event causing incident
	Training not provided
	Training not specific for task
Training was not up to date	
Training Injuries	
Training Injuries	Aggressive driving
	Fall during exercising
	Firearm, accidental discharge
	Firearm, flash burn
	Gym equipment
	Hand-to-hand combat
	Jumping
	Other - Specify in description field
	Smoke exposure
	Weight lifting
Work Area	
Work Area	Carpet / mat curling
	Falling objects
	Guardrail failure
	Guardrail missing
	Handrail failure
	Handrail missing
	Ice on walking surface
	Improper Housekeeping
	Inadequate lighting
	Inadequate ventilation
	Obstructed visibility
	Other - Specify in description field
	Slippery or wet walking surface
	Steep incline
	Uneven walking surface
Walking / working surfaces provided tripping hazard	
Work area crowded, cluttered	