



Incident Number: _____

INSTRUCTIONS: This form is used to report an unsafe or unhealthy working condition in writing, with or without an accompanying oral report in accordance with 29 C.F.R. 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 unhealthy working condition exists at the workplace and that may result in a job safety or health hazard to persons working at that place of employment.

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

Supervisor, Manager, 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 unhealthy condition. If the person reporting the condition elected to remain anonymous, maintain the receipt in your records.

SECTION A: EMPLOYEE REPORT	
1. Date/Time Reported: ___ / ___ / ___ : <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	2. Individual Notified:
3. Incident Type: <i>If condition resulted in a Near Miss, check both boxes.</i>	<input type="checkbox"/> Unsafe or Unhealthy Working Condition <input type="checkbox"/> Near Miss <i>(where an employee narrowly missed injury or illness as a result of the unsafe or unhealthy working condition.)</i>
4. Reported by:	5. Relation to TSA: <input type="checkbox"/> Employee <input type="checkbox"/> Representative <input type="checkbox"/> Other
6. <input type="checkbox"/> 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.:
Section A1: Description	
11. Employee Description: <i>(Include the number of persons exposed to or threatened by this condition.)</i>	
12. Classification: <i>(Place a checkmark in the box you believe best describes the unsafe or unhealthy condition.)</i>	
<input type="checkbox"/> 1 - Imminent Danger Condition – May be expected to cause death or serious physical harm immediately or before danger is eliminated. <input type="checkbox"/> 2 - Potentially Serious Condition – May reasonably be expected to cause death or serious physical harm. <input type="checkbox"/> 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	
<i>NOTE: If 'Anonymous' is checked in No. 6, proceed to No. 15. Otherwise, complete Nos. 13 through 15.</i>	
13. Prepared by:	
14. Signature:	15. Date: ___ / ___ / ___
SECTION B: ACKNOWLEDGEMENT OF RECEIPT	
I acknowledge receipt of this <i>Unsafe or Unhealthy Working Condition Employee Report and Investigation</i> and will act upon it in accordance with 29 CFR 1960.28 and TSA OSH Manual Chapter 5, <i>Employee Hazard Reports</i> .	
16. Received by:	17. Title:
18. Signature:	19. Date: ___ / ___ / ___
20. Date receipt was provided to employee: ___ / ___ / ___ <input type="checkbox"/> Not provided as employee wishes to remain anonymous.	

Previous editions of this form are obsolete.

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 / CONTRIBUTORY FACTORS Check here if no factors contributed to this incident.

26. Use this section to record all causal and contributory 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 HQ)

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: ___ / ___ / ___

Previous editions of this form are obsolete.

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 C.F.R. 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, 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, Safety Action Team, or other technically 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 receive 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.

Previous editions of this form are obsolete.

Completing Section C – Supervisor, manager, Safety Action Team, or other technically 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.
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.
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, Safety Action Team, or other technically qualified safety specialist		
Use this section to record all causal and contributory 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 contributory factors.		
26.	Group:	Enter a record for each group of causal or contributory factor (i.e., human, environmental, material.)
	Type:	Enter the detailed factor causal or contributory factor for each grouping.
	Assessment:	Indicate whether the factor was causal, contributory, or not substantiated.
	Description:	Provide detailed information to support your reasoning for each factor identified.
Completing Section E – Supervisor, manager, Safety Action Team, or other technically 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 can be, or was 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.	Further 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 stressors to fully ascertain the causal or contributory factors. Note: Requests for these types of inspection should be sent through the MSC Occupational Safety and Health (OSH) specialist for review and processing.
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 at either the MSC OSH specialist, or TSA HQ OSHE, enter the reason for denial that was provided.
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 contributory factors, as well as the recommended actions proposed to correct the reported unsafe or unhealthful working condition.
Completing Section F – Supervisor, manager, Safety Action Team, or other technically 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.

Previous editions of this form are obsolete.

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 safety awards and recognition program, etc.).
9/Z	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.

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