DOE F 440.2 (06/2024) PREVIOUS EDITIONS ARE OBSOLETE

CUI//PHYS When filled in

U.S. DEPARTMENT OF ENERGY REQUEST FOR INVESTIGATION OR INSPECTION OF SAFETY OR SECURITY VIOLATIONS

This form is provided for use by any U.S. Department of Energy (DOE) contractor employee or representative thereof who (1) believes that a violation of a DOE safety regulation or DOE information security regulation or requirement has occurred and (2) requests that the DOE Office of Enforcement initiate an investigation into the alleged violation. This form should only be used for reporting alleged violations of DOE regulations. Please note: unless you indicate below to remain anonymous, your request will be provided to the appropriate DOE Headquarters and field office organizations to assist in evaluating your request for investigation.

DO NOT use this form to report an emergency or immediately life-threatening condition. To report an emergency, fatality, or imminent life-threatening situation, contact your supervisor and local DOE officials using locally established procedures.

DO NOT include any classified information. 1. DOE Site: Employee 2. I am an (select one): Representative of Employee 3. I work for/represent: 4. Is your request related to your employer or another contractor? Employer Other Contractor If other, specify the contractor: 5. Specific location where the violation or condition exists or occurred (e.g., building, facility, work area, laboratory/room number): One-Time 6. The violation or condition is: Recurring Ongoing 7. On what date did the violation or condition become known? 8. Describe the violation or condition. Include a description of the work activities involved, the number of employees exposed to or threatened by the violation/condition, and the potential impact of the condition/violation (e.g., injuries, spread of contamination, loss of control of material, number of individuals with unauthorized information access). Be as factual and detailed as possible but do not include any classified information.

DOE F 440.2 (06/2024) Section 508 Compliant

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9. If possible, identify the specific DOE safety regulation, DOE information security regulation/requirement, and/or company procedures that may have been violated.				
10. Did you observe the condition or violation yourself?				
		Yes	No	
If you seld	ected no, how did you discover it?			
11. Have you reported the condition or violation to any of the following? (Select all that apply):				
	Immediate Supervisor	Company Safety Representative		Company Security Representative
	Company Employee Concerns Program	Union Representat	ive	DOE Employee Concerns Program
	Not Reported to Another Organization/Representative	Other (Specify)		
12. Describe efforts to resolve this issue through existing contractor and DOE mechanisms. Reference any supporting documentation.				
13. Select an option for handling your request for investigation (check one):				
I request to remain anonymous. I acknowledge that this may restrict the Office of Enforcement's ability to thoroughly investigate my request and I won't be updated on progress or outcome(s).				
I request to keep my identity anonymous, except for authorized Office of Enforcement staff. They may contact me about my request for investigation.				
My name may be disclosed when discussing my request for investigation.				
14. Name:	14. Name: Job Title:			
15. Telephone: 16. Email Address:		Address:		17. Date:
18. Preferred method of contact (check one):		Email	Telephone	
FOR DOE USE ONLY				
Date Received	: Request Number:		Assigned Enforcement Officer:	

Form must be downloaded and opened in Adobe Reader or Adobe Acrobat DC to submit form.