

SUBJECT: FEAR OF REPRISAL SAFETY TALK

TO: ALL EMPLOYEES

ALL EMPLOYEES CAN REPORT ACCIDENTS, SYMPTOMS, INJURIES, HAZARDS, OR NEAR MISSES AND FILE A COMPLAINT WITH OSHA WITHOUT FEAR OF REPRISAL FROM THEIR SUPERVISOR OR MANAGER.

PS FORM 1767 "REPORT OF HAZARDOUS CONDITION" CAN ALSO BE COMPLETED ANONYMOUSLY AND WITHOUT FEAR OF REPRISAL. SIMPLY COMPLETE THE TOP PORTION (INCLUDE YOUR NAME) AND SEND THE REPORT TO THE DISTRICT SAFETY OFFICE. YOUR NAME WILL BE DELETED AND THE FORM WILL THEN BE RETURNED TO YOUR SUPERVISOR FOR ACTION.

Jana Hubrich

Senior Manager of Distribution Operations

8-2-09

Date