



GEMINI TECH SERVICES, LLC
5019 E I-20, Frontage Rd
Willow Park, TX 76087

**EMPLOYEE REPORT OF ALLEGED UNSAFE OR
UNHEALTHY WORKING CONDITIONS (GTS SF-4)**

The undersigned (check one)

Employee Representative of employees Other (specify) _____

Believes that a job safety or health hazard exists at the following place of employment.

Building or Site Location _____

Does the hazard immediately threaten serious physical harm? Yes No

*If yes immediately contact Supervisor or Safety Coordinator (**PM, Lead or SE**)

Name of manager or supervisor in charge:

phone number:

Project Operation or Activity:

Exact Physical Location of worksite:

1. Describe what type of activities (services) take place at the worksite:

2. Describe the hazard(s) that exists, and include # of employees exposed to or threatened by the hazard:

3. Please list your desire:

I do not want my name revealed to the official in charge of the site

My name may be revealed to the official in charge of the site.

Work Location:

Telephone number:

Date:

Type or print name of employee or representative

Signature

Gemini Tech Services, LLC

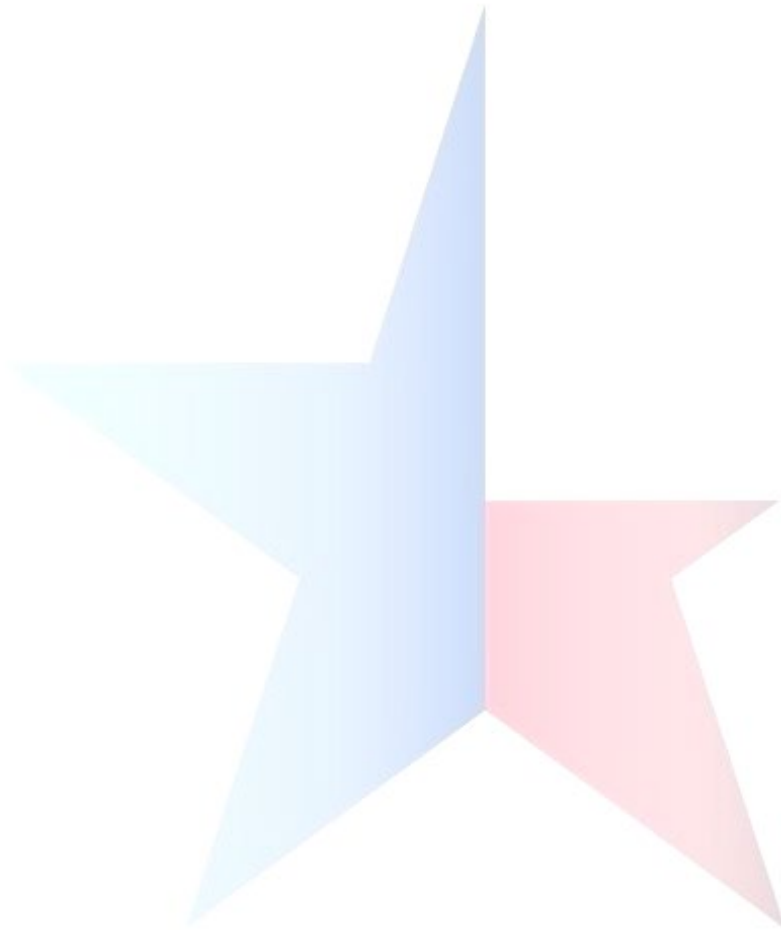
GTS SF-4

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Small Business Administration Certified 8(a) and Economically Disadvantaged – Woman Owned /Minority Owned Small Business



Additional Remarks



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