

# REPORT ALL MISHAPS AND HAZARDS

TO YOUR

**IMMEDIATE SUPERVISOR**

OR, IF NECESSARY, TO ONE OF THE FOLLOWING

**NAME AND DUTY PHONE NUMBER**

PRIMARY

**SAFETY REPRESENTATIVE**

ALTERNATE

**SAFETY REPRESENTATIVE**

**HOST BASE  
SAFETY OFFICE**

**47 FTW SAFETY OFFICE  
DSN 732-5679/5974**

**UNIT USE** *(Enter below any additional guidance needed to satisfy unit requirements)*

**LAUGHLINAFBVA91-301 (PER AFI 91-301), 19 NOVEMBER 2010** Certified Current on 14 May 2014

**OPR: 47 FTW/SE**

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