

Command Letterhead

Date

From: Commanding Officer, (your command address)
To: Commander, Naval Safety Center, 375 A Street, Norfolk,
Virginia 23511-4399 (Code 481)

Ref: (a) Phonecon between (name) , (your command) and (name) ,
(NAVSAFCEM) of (date)

Subj: High-Risk Safety Survey (or Assist Visit) Request

1. As discussed in reference (a), request a safety survey (or assist visit) be conducted by the Naval Safety Center during the week of (primary date) or (secondary date) for the following course(s):

<u>Course ID No.</u>	<u>Course Title</u>
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2. Point of contact is _____ at DSN _____
or commercial at _____, FAX number is _____.
E-mail address is _____ .

Signature