Hazard Reporting Form

Use this form to report safety concerns.

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| --- | --- | --- | --- | --- |
| Employee Name | | | Date of observation | |
| Department/Area | | | Supervisor/Manager Name | |
| Describe FULLY the safety concern or hazard: | | | | |
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| What can be done to make this situation SAFE? | | | | |
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| YES | NO | Has the supervisor in that area been notified of the safety concern or hazard? | | |
| YES | NO | Has the maintenance team been notified of the safety concern or hazard? | | |
| Employee Signature | | | | Report Date: |

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