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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