Hazard Reporting Form

Use this form to report safety concerns.

Employee Name	Employee Number
Department / Area	Supervisor Name

Describe FULLY the safety concern or hazard:

What can be done to make this situation SAFE?

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: