

HAZARD REPORT FORM

Employee: Complete form by describing hazard and your recommended corrective action. Give the completed form to your supervisor, Department Head, or Risk Management. If submitting anonymously, submit directly to Risk Management and do not include your contact information.

Supervisor: Within five workdays, record on the form your analysis of the reported hazard and the corrective action taken. If necessary, involve upper level supervisors and Department Head in hazard analysis or correction. Notify reporting employee if response will be delayed. After action is completed, return a copy of the form to the reporting employee and a copy to the Risk Manager. Retain original report in your Department.

REPORTING EMPLOYEE: (Do not put your name on this if you wish to remain anonymous.)

Employee Name: _____ Title: _____

Date: _____ Signature: _____

Description of Hazard: _____

Recommended Corrective Action: _____

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SUPERVISOR:

Analysis and Corrective Action Taken: _____

Date: _____ Supervisor's Signature: _____

EMPLOYEE:

Corrective Action Acceptable.

Corrective Action Not Acceptable - Request Risk Management Review.

Date: _____ Employee's Signature: _____

**Risk Management
Recommendation and Review :**
