

HAZARD REPORT FORM

Employee - Complete form by describing hazard and your recommended corrective action.

Give the completed form to your supervisor for corrective action.

If corrective action is not considered satisfactory, request Risk Management Review.

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:

Department: _____ Date: _____

(Signature) (Print Name & Title)

Description of Hazard: _____

OVER

Exhibit 6

Recommended Corrective Action: _____

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: _____
