

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:

Employee Name: _____ Title: _____

Date: _____ Signature: _____

Description of Hazard: _____

COMPLETE OTHER SIDE

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: _____
