

# HAZARD REPORTING FORM

(Attach additional pages as needed)

DATE: \_\_\_\_\_

TO: \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

FROM: \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

Please indicate (X) type of hazardous circumstances:  Hazardous Condition

Hazardous Act (Procedure or Practice)

Location: \_\_\_\_\_

Description of unsafe condition or act:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee's Suggestion of Improving Safety: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

=====

## SUPERVISOR'S RESPONSE – WITHIN 5 WORK DAYS

**I agree this is a hazard**

Date Corrected: \_\_\_\_\_

Estimated Date of Correction: \_\_\_\_\_

Action Taken: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**I do not agree that this is a hazard**

Reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Employees are advised that use of this form or other reports of unsafe conditions or practices are protected by law. The employer is prohibited from taking any action against an employee in reprisal for exercising rights to participate in the reporting of hazards. The employer will investigate all hazard reports as required by the Injury and Illness Prevention Program Standard (T8CCR & 3203) and advise the person who reported it of the employer's response. If the report was made anonymously, the employer will advise employees of the area affected.

**EMPLOYEE:** Complete Hazard Form, mail all copies of form to your immediate supervisor. Provide copy to Department Safety Representative or Coordinator, and County Safety Division.

**SUPERVISOR:** Send Hazard Form Response to employee, Safety Representative/Coordinator and County Safety Division. Keep original copy for review by Department Head, and required record-keeping.