

**Appendix A**

**REPORT OF UNSAFE CONDITION OR HAZARD**

Department: \_\_\_\_\_

**I. Unsafe Condition or Hazard**

Name: (optional) \_\_\_\_\_ Job: \_\_\_\_\_

Title: \_\_\_\_\_

Location of Hazard: \_\_\_\_\_

Building: \_\_\_\_\_ Floor: \_\_\_\_\_ Room: \_\_\_\_\_

Date and time the condition or hazard was observed:

Description of unsafe condition or hazard: \_\_\_\_\_

What changes would you recommend to correct the condition or hazard?

Employee Signature: (optional) \_\_\_\_\_

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

**II. Management/Safety Committee Investigation**

Name of person investigating unsafe condition or hazard:

Results of investigation (What was found? Was condition unsafe or a hazard?): (Attach additional sheets if necessary.)

Proposed action to be taken to correct hazard or unsafe condition: (Complete and attach a Hazard Correction Report, Appendix G)

Signature of Investigating Party: \_\_\_\_\_

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

Completed copies of this form should be routed to the appropriate supervisor and Safety Committee, and must be maintained in files for at least five years.

## HAZARD CORRECTION REPORT

This form should be used in conjunction with the “Report of Unsafe Condition” form, as appropriate, to track the correction of identified hazards.

All hazards should be corrected as soon as possible, based on the severity of the hazard. If a serious imminent hazard cannot be immediately corrected, remove personnel from the area and restrict access until the hazard can be addressed.

Department _____
Supervisor/Department Safety Coordinator _____
Supervisor/Safety Coordinator Signature _____
Telephone _____ Date _____

Description and Location of Unsafe Condition	Date Discovered	Required Action and Responsible Party	Completion Date	
			Projected	Actual