

## SAFETY HAZARD REPORT

Hazard reported to: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Name mm dd yy

Describe the workplace hazard: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where is the hazard located? (be exact): \_\_\_\_\_  
\_\_\_\_\_

How would you suggest the hazard be corrected? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person reporting: \_\_\_\_\_  
Printed name Signature

### Hazard Resolution:

Forwarded for corrective action to: \_\_\_\_\_  
Name

Corrective action take: (if not, indicate why not) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hazard resolved: Yes No Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Name: \_\_\_\_\_  
mm dd yy Signature

Follow-up required: Yes No Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Name: \_\_\_\_\_  
mm dd yy Signature

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Safety Committee reviewed this report on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm dd yy

Safety Committee recommendation(s) to management: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Distribution:

Make a copy for your files  
Send Copy 1 to District Risk Manager  
Send Copy 2 to Principal/Building Supervisor