

## Appendix C. HAZARD REPORTING FORM

REPORTING PERSON: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_ DATE: \_\_\_\_\_  
PHONE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

**I. HAZARD IDENTIFICATION: BRIEF DESCRIPTION OF UNSAFE OR UNHEALTHY CONDITION**

**II. HAZARD LOCATION: INCLUDE BUILDING, ROOM, FLOOR, ETC.**

**III. MANAGER/SUPERVISOR EVALUATION: TO BE COMPLETED WITHIN 10 DAYS OF ABOVE DATE.**

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

**IV. CORRECTIVE ACTION: TO BE COMPLETED BY MANAGER/SUPERVISOR**

DATE ASSIGNED: \_\_\_\_\_ DATE COMPLETED: \_\_\_\_\_  
MANAGER/SUPERVISOR: \_\_\_\_\_

**Provide a copy to the reporting person.**