

Record of Hazard Observed Form

Reported By: _____ Date: _____

Reported To: _____ Date: _____

Nature of Hazard: (Describe – Unsafe Act, Loose Flooring, Equipment Situation, Etc.)

Location of Hazard: (Be specific: i.e. Name of Center, Location in Center, etc)

Action Taken: (By Site Supervisor and/or Maintenance)

Division Supervisor (Please Print)

Date Action Taken

Signature of Division Supervisor

If maintenance assistance needed:

Signature of Maintenance Staff Member

Date Action Taken

Forward to Safety Committee for Review:

Comments: _____

Signature of Safety Committee Chairperson

Date Reviewed

Copies to: Division Supervisor; Human Resources. HR to send copy to Central Safety Committee