

HEALTH, SAFETY, SECURITY & ENVIRONMENTAL UNIT EMPLOYEE SAFETY SUGGESTION/ HAZARD REPORTING FORM

1] SUBJECT: <input type="checkbox"/> HAZARD REPORT <input type="checkbox"/> SAFETY SUGGESTION	2] TYPE: <input type="checkbox"/> SAFETY <input type="checkbox"/> ENVIRONMENTAL <input type="checkbox"/> SECURITY	3] DATE:
4] LOCATION OF HAZARD/ UNSAFE CONDITION:	5] HAS THIS MATTER BEEN REPORTED TO THE SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO NAME OF SUPERVISOR:	
6] CONDITION: <input type="checkbox"/> FLYING/FALLING OBJECT <input type="checkbox"/> CAUGHT IN <input type="checkbox"/> ELECTRICITY <input type="checkbox"/> MANUAL HANDLING <input type="checkbox"/> STRUCK BY <input type="checkbox"/> TOXIC CHEMICAL <input type="checkbox"/> SLIP/TRIP/FALL <input type="checkbox"/> TEMPERATURE <input type="checkbox"/> BIOLOGICAL <input type="checkbox"/> WORKPLACE DESIGN <input type="checkbox"/> FIRE SAFETY <input type="checkbox"/> DUST/VENTILLATION <input type="checkbox"/> OTHER:		
7] DESCRIPTION OF HAZARD/ UNSAFE CONDITION:		
8] CAUSES OR OTHER CONTRIBUTING PRACTICES:		
9] EMPLOYEES SUGGESTION FOR IMPROVING SAFETY/CORRECTION OF HAZARD:		
10] CONTACT INFORMATION [OPTIONAL]		
NAME:	PHONE NUMBER: EMAIL:	

END OF FORM