



Safety Hazard Report Form

Reporting Employee:

Name (Optional)

_____ Date _____

Department _____

Description of hazard (Use back of form if necessary)

Recommended Corrective Action (If applicable)

Supervisor:

Name _____ Date _____

Analysis and Corrective Action Taken (If applicable)

Risk Management:

Name _____ Date _____

Recommendation/Action Taken

Return form to Finance Department