

## **FORM: NEI ELECTRIC HAZARD REPORT**

**Employee:** \_\_\_\_\_

Please fill out and give to your supervisor or safety coordinator.

Date: Month/Date/Year       /       /

Time: Hour - Minute a.m./p.m.

Job Name: \_\_\_\_\_ Job Number: \_\_\_\_\_

Location of Hazard on Site: \_\_\_\_\_

Description of Hazard: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Suggestions to Correct Hazard: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Supervisor or Safety Coordinator:**

Corrective action taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Corrected by: \_\_\_\_\_

Date corrected: Month/Date/Year       /       /

Time corrected: Hour - Minute a.m./p.m.

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reviewed / inspected by: \_\_\_\_\_

\_\_\_\_\_

(Signature of Supervisor / Safety Coordinator)