

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)