



HAZARD REPORT

Employee Name: _____

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

Date: _____ Time: _____ a.m. p.m.

Job Name: _____ Job Number: _____

Location of Hazard on Site: _____

Description of Hazard:

Suggestions to Correct Hazard:

Supervisor or Safety Coordinator:

Correction action taken:

Corrected by: _____

Date Corrected: _____ Time Corrected: _____ a.m. p.m.

Comments:

Reviewed/Inspected by: _____

Signature of Supervisor/Safety Coordinator: _____