

SAFETY HAZARD REPORTING FORM

NAME (Optional): _____ **DATE:** _____

WORK LOCATION: _____ **SUPERVISOR:** _____

A. DESCRIPTION OF SAFETY HAZARD (Practice, Substance, or Condition)

B. DESCRIPTION OF POTENTIAL HEALTH IMPACT

C. SUGGESTIONS FOR MINIMIZING OR ABATING THE HAZARD

D. SUGGESTIONS FOR TRAINING (If applicable)

PLEASE FORWARD THIS FORM TO THE SAFETY OFFICER