## **Hazard Reporting Form**

Use this form to report safety concerns.

Employee Name		Employe	Employee Number			
Department / Area		Superviso	or Name			
Department / Area						
Describe FULLY the safety concern or hazard:						
What can be done	e to make this situat	ion SAFE2				
	e to make tills situat	IOII SAFE!				
		Has the supervisor	r in that area been notified of the			
YES	NO	Has the supervisor in that area been notified of the safety concern or hazard?				
YES	NO	Has the maintenance team been notified of the safety				
Employee Signatu	ıre	concern or hazard	Report Date:			
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