

APPENDIX D-7

Report of Workplace Hazard

Name:

Date:

Hazard reported to: (Name)

Date:

Briefly describe the workplace hazard.

Where is the hazard located?

What has been done to correct the hazard?

Who took action to correct the hazard?

Safety Committee reviewed this report on (date)

Safety Committee recommendation(s) to management

Safety Program Manager's report – Final resolution
