

Report of a Workplace Hazard

Instructions: Use this **optional sample form** to report a workplace hazard. Fill out the top section and give it to your supervisor, safety manager, or designated person. This information will help address the hazard before someone gets hurt.

Name (Optional)

Date Submitted

Where is the hazard? (Give exact location(s), e.g. Tool Room #2)

Describe the hazard and possible injuries. (Provide details about the work process, equipment, tasks, procedures, etc., and include possible injuries you believe can occur.)

Report Submitted To

Job Title

Assessment of Hazard

☐ High/Immediate

☐ Medium

☐ Low

Notes:

Actions to Take: (List the steps to take to correct the hazard. Check off each item as it's completed.)

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Completed By

Date Completed

Additional Actions: (For example, are there other facilities that may have similar hazards and need assessing? Do policies in the Accident Prevention Program or other written programs need to be updated?)

Completed By

Date Completed