

Notification of Safety Hazard

(This document must be kept on file for at least one year)

The following Safety Hazard was observed:

What was the location of the Hazard and when was it observed?

Suggestions for correcting the Hazard:

Employee Name (OPTIONAL): _____ Date: _____

**WE ENCOURAGE ALL EMPLOYEES TO MAKE MANAGEMENT AWARE OF
POTENTIAL SAFETY HAZARDS. BY LAW, THERE CAN BE NO REPRISALS OR
NEGATIVE CONSEQUENCES FOR REPORTING A HAZARD. ANONYMOUS REPORTS
ARE ACCEPTABLE.**