



Report of Unsafe Condition or Hazard

Employee Name: _____ Contact Phone: _____
Employees may submit this form anonymously.

Description of unsafe condition or hazard: _____

Location of unsafe condition or hazard: _____

Date and Time you observed the condition or hazard: _____

What changes would you recommend? _____

Employee Signature: _____ Date: _____

Investigation & Corrective Action

Details of Investigation: _____

Corrective Action: _____

Signature of Investigator: _____ Date: _____