

HAZARD NOTIFICATION REPORT

This form is to be used by employees to provide a safety suggestion or report an unsafe practice or condition. Forms should be routed to the District Safety Officer either directly or through the employee's supervisor. Reports will be investigated by the District Safety Office. The reporting party will be informed of any action taken. Employees are protected from reprisal or discrimination related to submitting a safety report or suggestion.

Description of Unsafe
Condition or Practice:

Causes or Contributing
Factors:

Employee Suggestion
For Improving Safety:

Name of Supervisor _____ Supervisor Notified ____ Yes ____ No

Work Area or Station _____ Date _____

Employee Name _____
(Optional)