

HAZARD CORRECTION REPORT

Department/Division: _____

All hazards should be reported promptly. While this form allows for you to report multiple hazards, if only one exists please complete the form and turn in to your Supervisor or Human Resource Office thereafter.

All hazards should be corrected as soon as possible, based on the severity of the hazard. If a serious imminent hazard cannot be immediately corrected, evacuate personnel from the area and restrict access until the hazard can be addressed.

Supervisor/Safety Coordinator Name: _____ Telephone: _____

Supervisor/Safety Coordinator Signature: _____ Date: _____

Description & Location of Unsafe Condition	Date Identified	Corrective Action & Responsible Party	Injury		Completion Date	Safety Cmte. Review Date
			Yes	No		

Completed copies of this form should be routed to the Safety Coordinator, Nancy Marquez-Suarez and kept in the Human Resources files for at least three years.