### Section 1 To Be Completed By Employee

**Brief Description of Hazard/Health and Safety Issue**
*Include details, if any, of immediate action taken to ensure the safety of persons who may be affected.*

Where is the Hazard Located?

**Date/Time Hazard Identified:**
- Recommended Action to Be Taken

**Recommended Completion Date:**

### Section 2 To Be Completed By Employer

**Date/Time Report Received:**
- Employer Response/Action To Report

The safety issue has been resolved and the employees are safe to work in the area.  **Yes**  **No**

**Date/Time of Corrective Action Completion:**

The employees may continue to work in the area with the following restrictions.  **Yes**  **No**

The safety issue prohibits employees from working in the area. Employees should be assigned to an alternate work location.

**To Be Completed By Both The Employee and the Employer**

<table>
<thead>
<tr>
<th>Employee Name:</th>
<th>Job Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Location:</td>
<td>Employee Signature:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employer Name:</th>
<th>Job Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Location:</td>
<td>Employer Signature:</td>
</tr>
</tbody>
</table>

**To Be Completed By The Safety Committee**

**Date Report Reviewed:**

Committee Agrees With Action Taken:  **Yes**  **No**  
*If “yes” sign below*

If “No” Additional Action Taken:

Responsibility of Completion Assigned To:

<table>
<thead>
<tr>
<th>Committee Chair Name:</th>
<th>Signature:</th>
</tr>
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