

**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**

Employee Name:

Job Title:

Work Location:

Employee Signature:

Employer Name:

Job Title:

Work Location:

Employer Signature:

**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:

Committee Chair Name:

Signature: