

SAFETY HAZARD REPORT FORM

This form is for use by employees who wish to provide a safety suggestion or report an unsafe work place condition or practice. A safe work environment is everyone's right and responsibility. If you see a safety hazard in the workplace, report it to your site supervisor immediately and fill out and send this form to First Assist.

Facility Name:

Department:

Description of Unsafe Condition or Practice:

Causes or Other Contributing Factors:

Employee's Suggestions for Improving Safety:

Has this matter been reported to a Client Supervisor?

Yes

No

Date:

Employee Name (Optional)

NO EMPLOYEE WILL BE RETALIATED AGAINST FOR REPORTING HAZARDS OR POTENTIAL HAZARDS OR FOR MAKING SUGGESTIONS RELATED TO SAFETY.