HAZARD ALERT FORM

Department: ____________________________

I. Unsafe Condition or Hazard

Name: (optional) ____________________________ Job: ____________________________

Title: (optional) ____________________________

Location of Hazard: ____________________________

Building: ____________________________ Floor: ____________________________ Room: ____________________________

Date and time the condition or hazard was observed: ____________________________

Description of unsafe condition or hazard: ____________________________

What changes would you recommend to correct the condition or hazard?

______________________________

Employee Signature: (optional) ____________________________

Date: ____________________________

II. Management/Safety Committee Investigation

Name of person investigating unsafe condition or hazard: ____________________________

Results of investigation (What was found? Was condition unsafe or a hazard?): (Attach additional sheets if necessary.) ____________________________

Proposed action to be taken to correct hazard or unsafe condition: (Complete and attach a Hazard Correction Report, IIPP Appendix E)

______________________________

Signature of Investigating Party: ____________________________

Date: ____________________________

IIPP-Appendix A March 2006 Completed copies of this form should be routed to the appropriate supervisor and department Safety Coordinator, and must be maintained in department files for at least three years.