

Employee Form

Report of Unsafe Condition or Hazard

Procedure: Upon request, employees are to be provided this form. Employees are instructed to forward the completed form to management for review. The form may be submitted anonymously.

Employee's Name: _____

Location of Condition Believed to be Unsafe/Hazardous:

Date and Time Condition or Hazard Observed:

Description of Unsafe Condition or Hazard.

What Changes Would You Recommend to Correct the Condition or Hazard?

Optional: Signature of Employee: _____

Date: _____

Company Response:

Name of Person Investigating Report: _____

Date: _____

Results of Investigation/Corrective Action:
