Injury & Illness Prevention Program

REPORT OF UNSAFE CONDITION OR HAZARD

Department: ____________________________

I. Unsafe Condition or Hazard

Name: (optional) ________________________  Job: ________________________
Title: ________________________________

Location of Hazard: ____________________  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 Form 4)

Signature of Investigating Party:
Date: ____________________

IIPP - Form 1  Rev. 10/02/01  Completed copies of this form should be routed to the appropriate supervisor and department Safety Committee, and must be maintained in department files for at least one year.