

## REPORT OF UNSAFE CONDITION OR HAZARD

Department: \_\_\_\_\_

### I. Unsafe Condition or Hazard

Name: (optional) _____	Job: _____
Title: _____	
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 Form 4)
_____
_____
Signature of Investigating Party: _____
Date: _____

**IIPP - Form 1**  
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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.