

Report of Workplace Hazard

This form is to be used by employees who wish to provide a safety suggestion or who wish to report an unsafe workplace condition or practice.

Date of report:

Work area:

Description of hazard, near accident or injury, or unsafe practice:

Causes or other contributing factor(s) to near accident:

Employee's suggestion for improving safety or reducing hazard:

This matter has been reported to:

Employee's name (optional):

Employees are advised that the use of this form or any other report of unsafe conditions is protected by law. It is against the law for our employer to discriminate against any employee for communicating a safety concern and for participating in the Injury/Illness Prevention Program.

Your employer will investigate any report or questions as required by Injury/Illness Prevention Program Standard (CCR, Title 8, Section 3203) and will advise all employees in the affected work area of the hazard and of the employer's response.