Safety Hazard Report Form

To strive for a safe work for a safe work environment, the City asks that all employees report and correct any potential hazards immediately. Please use this form to report near-misses and hazards to assist us in preventing future incidents and making the City a safer workplace. Please submit this form to your supervisor.

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| Department: | Building/Work Area: |
| Date and Time of Incident: |  |
| Type of Hazard:   * Near-Miss * Safety Concern * Safety Idea/Suggestion * Other (describe): | Type of Concern:   * Unsafe Act * Unsafe Condition of Area * Unsafe Condition of Equipment * Unsafe Use of Equipment * Safety Policy Violation * Other (describe): |
| Describe the potential incident/hazard/concern and possible outcome (be detailed): | |
| Were safety procedures violated? (describe): | |
| Incident site inspection – Why was an unsafe act committed, or why was the unsafe condition present?: | |
| Recommendations/steps to take to prevent a similar incident: | |
| Name (optional): | Date Reported: |
| Supervisor or Office Signature: | Date: |