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):
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| 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: |