Safety Concern Reporting Form

For the reporting workplace of safety concerns, Hazards, and/or problems.

This form will be reviewed by the safety coordinator and any applicable supervisors to determine what actions should be taken to correct any potential safety issues.

Part A – Safety Concern

Reporter Information

Name: _____ Contact Number: _____

Name of Supervisor: _____ Department: _____

Description of Safety Concern /Hazard /Problem

Date Observed: _____ Building: _____

Location: _____

Describe below in detail the nature of the safety concern /Hazard /Problem

_____

_____

Write recommendation to remedy the safety concern /Hazard /Problem

_____

_____

Part B – Safety Coordinator Use Only

Person Assigned: _____ Date Assigned: _____

Referred To: _____ Referred Date: _____

Job Number: _____ Work Order #: _____

Return completed form to the designated Safety Coordinator.