



HAZARD NOTIFICATION FORM

Your Name		Date
Hazard Location/Jobsite		Area Supervisor
Description of Concern / Idea:		
Corrective Action Taken:		
If it is necessary to form a team to work on this concern/idea, are you willing to be a member of the team? Yes No		
ORIGINATOR SIGNATURE BELOW	AREA SUPERVISOR SIGNATURE BELOW	DATE
X	X	
<i>SUBMIT TO AREA SUPERVISOR FOR PROCESSING / AFTER PROCESSING GIVE TO SAFETY MANAGER FOR TRACKING</i>		

OUR GOAL IS ZERO INJURIES IN THE WORKPLACE