Reported By: Date:

Reported To: Date:

|  |
| --- |
| Nature of Hazard: (Describe – Unsafe Act, Loose Flooring, Equipment Situation, Etc.) |
|  |
|  |
|  |
|  |

|  |
| --- |
| Location of Hazard: (Be specific: i.e. Name of Center, Location in Center, etc) |
|  |
|  |

|  |
| --- |
| Action Taken: (By Site Supervisor and/or Maintenance) |

 Division Supervisor (Please Print) Date Action Taken

Signature of Division Supervisor

If maintenance assistance needed:

Signature of Maintenance Staff Member Date Action Taken

Forward to Safety Committee for Comment:

|  |
| --- |
| Comments:  Signature of Safety Committee Chairperson Date Reviewed |