

HAZARD ALERT FORM

Department: _____

I. Unsafe Condition or Hazard

Name: (optional) _____ Job: _____

Title: (optional) _____

Location of Hazard: _____

Building: _____ Floor: _____ Room: _____

Date and time the condition or hazard was observed:

Description of unsafe condition or hazard: _____

What changes would you recommend to correct the condition or hazard?

Employee Signature: (optional) _____

Date: _____

II. Management/Safety Committee Investigation

Name of person investigating unsafe condition or hazard:

Results of investigation (What was found? Was condition unsafe or a hazard?): (Attach additional sheets if necessary.)

Proposed action to be taken to correct hazard or unsafe condition: (Complete and attach a Hazard Correction Report, IIPP Appendix E)

Signature of Investigating Party: _____

Date: _____

IIPP-Appendix A
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Completed copies of this form should be routed to the appropriate supervisor and department Safety Coordinator, and must be maintained in department files for at least three years.