



EMPLOYEE HEALTH & SAFETY HAZARD REPORT

Employee Section:

Instructions: To be completed by employee who believes there is a hazard in the workplace that could cause an injury or accident. Fill out this section then hand in to the Health and Safety Coordinator.

Employee Name: _____ Date of Concern _____

Supervisor: _____ Department/Area: _____

Describe FULLY the safety concern or hazard: _____

I suggest the hazard can be removed or controlled by: _____

BELOW TO BE COMPLETED BY YOUR SUPERVISOR/MANAGER

Response to hazard report:

Correction Action : _____

CPA# _____

Signature X _____

Date: _____

Supervisor /Manager shall give a copy of the completed report with a response and correction action to the Employee that reported the hazard and Health and Safety Coordinator