

## Appendix A – Hazardous/Unsafe Condition Report

### Reporting Hazardous/Unsafe Condition\*

Department \_\_\_\_\_

Person Reporting  
(optional) \_\_\_\_\_

Contact Information  
(optional) \_\_\_\_\_

Location of Hazard:

Building: \_\_\_\_\_ Floor: \_\_\_\_\_ Room: \_\_\_\_\_

Date and time the condition or hazard was observed: \_\_\_\_\_

***Hazards posing an immediate danger to life and health should be reported as soon as possible to your supervisor.***

Description of unsafe condition or hazard.

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

Employee Signature: \_\_\_\_\_  
(optional)

Date: \_\_\_\_\_

### MANAGEMENT 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:

Signature of Investigating Party: \_\_\_\_\_ Date: \_\_\_\_\_

Date reporting employee was notified of action taken (if not an anonymous report) \_\_\_\_\_

*\* Please note: Employees can report unsafe conditions anonymously without fear of reprisal. We encourage our employees to report hazards and commend them for their safety awareness.*