

Hazard Reporting Form



Use this form to report health and safety hazards.

Submit completed forms to: safety_com@4j.lane.edu

Hazard/Incident

Brief description of hazard: (Describe the task, equipment, tools and people involved
Include any action taken to ensure the safety of those who may be affected.

Where is the hazard located in the workplace?

When was the hazard identified? Date: ____ / ____ / ____ Time: _____ am/pm

Recommended action to fix hazard/incident: (List any suggestions you may have for reducing or eliminating the problem – for example re-design mechanical devices, update procedures, improve training, maintenance work)

Date submitted to manager: Date: ____ / ____ / ____ Time: _____ am/pm

Action taken

Has the area surrounding the hazard been secured? Yes/No

Has the hazard been acknowledged by management? Yes/No

Describe what has been done to resolve the hazard/incident:

Do you consider the hazard fixed? Yes/No

Name: _____ Position: _____

Signature: _____

Date: ____ / ____ / ____