



REPORT of HAZARD

[Form RM-01]

Rev. 12/2009

INVESTIGATOR ASSIGNED:

CONTACT PHONE:

FOLLOW UP DATE:

LOCATION CODE:

HAZARD REPORT NUMBER:

INSURANCE CLAIM NUMBER (if appl.):

OPTIONAL	REPORTING PARTY NAME:	HOME PHONE:	
	STREET NUMBER:	WORK PHONE:	
	CITY, STATE and ZIP:	DATE:	TIME: am / pm

DESCRIPTION of **UNSAFE CONDITION** or **HAZARD** (make sketches if necessary):

CONTINUED ON BACK

LOCATION of UNSAFE CONDITION or HAZARD (i.e. address, particular part of the building, etc. – **include as much detail as possible**):

HAS THIS CONDITION BEEN REPORTED to an AREA SUPERVISOR : YES NO	NAME of AREA SUPERVISOR (if appl.):
REPORTED to AREA SUPERVISOR BY (if appl.):	DATE of REPORT (if appl.):

HAS ANYONE BEEN INJURED BY THIS UNSAFE CONDITION? YES NO	NAME OF INJURED PARTY (if applicable):	
DATE of INJURY (if appl.):	TYPE of INJURY (if appl.):	CONTACT PHONE for INJURED PARTY (if appl.):

WOULD YOU LIKE to KEEP this REPORT CONFIDENTIAL : YES NO	WOULD YOU LIKE to be UPDATED on the OUTCOME of this REPORT: YES	E-MAIL ADDRESS (optional):
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WHAT **CHANGES** WOULD YOU **RECOMMEND** to CORRECT the UNSAFE CONDITION or HAZARD?

FAX or E-MAIL a COPY of this completed form to **RISK MANAGEMENT** at: **(510) 877-8348**
 If confidentiality is not at issue, submit the original form to your **LOCAL SAFETY COORDINATOR**