REPORT of HAZARD

[Form RM-01] Rev. 12/2009

INVESTIGATOR ASSIGNED:	LOCATION CODE:
CONTACT PHONE:	HAZARD REPORT NUMBER:
FOLLOW UP DATE:	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	**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):

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