



# 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:

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 <b>REPORTED</b> to an <b>AREA SUPERVISOR</b> : YES      NO	<b>NAME</b> of AREA SUPERVISOR (if appl.):
<b>REPORTED</b> to AREA SUPERVISOR <b>BY</b> (if appl.):	<b>DATE</b> of REPORT (if appl.):

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

WOULD YOU LIKE to KEEP this REPORT <b>CONFIDENTIAL</b> : YES      NO	WOULD YOU LIKE to be <b>UPDATED</b> on the <b>OUTCOME</b> 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