

## HAZARD NOTIFICATION

*This form is to be used by employees to report any hazards or unsafe acts noted in the workplace.  
The reporting employee may remain anonymous.*

Department: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Observed By: \_\_\_\_\_

Position/Title: \_\_\_\_\_

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

Observed Time: \_\_\_\_\_

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Location of Hazard or Unsafe Act: *(Be specific.)*

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Description of Hazard or Unsafe Act:

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Department and affected employees notified of hazard? \_\_\_ Yes \_\_\_ No

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Action Taken: *(Note any immediate action taken to minimize risks.)*

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Suggestions for Corrective Action: *(Note any long-term corrective action taken on Form 11: Notice of Unsafe Condition and Action Plan.)*

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Name: *(Voluntary)* \_\_\_\_\_

Position: *(Voluntary)* \_\_\_\_\_