



EMPLOYEE HAZARD REPORT

HAZARD IS: (Describe hazard in detail, including exact location. Use other side if necessary.):

When all information is completed, press **TAB** to return to the next part of the form on Page 1

I SUGGEST THE FOLLOWING CORRECTIVE ACTION:

When all information is completed, press **TAB** to return to the next part of the form on Page 1

RECORD YOUR ANALYSIS AND/OR CORRECTIVE ACTION TAKEN IN 5 DAYS:

When all information is completed, press **TAB** to return to the next part of the form on Page 1