

Safety Suggestion / Hazard Report

Reporter Information

Reporter Name*: _____

Department: _____

Email: _____

Phone: _____

Date*: _____

Safety Suggestion / Hazard Details

Report Type*: _____ > Options: Safety Suggestion, Hazard Report

Location: _____

Description / Suggestion / Hazard*:

Perceived Risk Level: _____ > Options: Low, Medium, High

Suggested Corrective Action: _____

Was immediate action taken?

Details of Immediate Action: (Fill only if applicable)

Witnesses:

Name	Contact Number

Supervisor / Manager Review

Reviewed By: _____

Review Date: _____

Actions Taken / Comments: _____

Supervisor Signature: _____ (Sign above)