



**REPORT of UNSAFE CONDITION OR HAZARD**

Department:		Date Form Completed:	
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**UNSAFE CONDITION OR HAZARD**

Name (optional):		Title (optional):	
Location of Hazard:			

Building:		Floor:		Room:	
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Conditions or Hazards Observed on:	Date:		Time:	
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What changes would you recommend to correct the conditions/hazards?

Employee Signature (optional):	
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**MANAGEMENT/SAFETY COMMITTEE INVESTIGATION AND REPORT**

Name of Person Investigating Unsafe Condition or Hazard:	
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Results of Investigation (attach additional sheets, if necessary):

Proposed Corrective Action to be taken (complete and attach a "Hazard Corrective Action Report")

Signature of Investigating Party:		Date:	
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