##### HAZARD NOTIFICATION

This form is designed to be used by employees to report any potential hazards or unsafe acts or conditions observed as part of the production. The reporting employee **is not** required to sign his/her name to the form. Turn in the form *(may be done anonymously)* to your immediate supervisor. To those who receive this form – **a copy must be forwarded to the Safety Program Director.**

Production Title:

Date Observed:

Time Observed: [ ] AM [ ] PM

Location (be specific):

Describe Hazard or Unsafe Condition or Act:

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Action Taken:

(note any immediate action taken to minimize risk)

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Suggestions for Corrective Action:

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USE REVERSE SIDE IF NECESSARY