

Hazard Observed Form

1. Unsafe Condition or Hazard Observed

Name (Optional): _____

Location of Hazard: _____

Date and time the condition was observed: _____

Description of unsafe condition or hazard: _____

2. Safety Committee Investigation

Name of person investigating unsafe condition or hazard: _____

Results of investigation (What was found? Was the condition unsafe or a hazard?):

Proposed action to be taken to correct hazard or unsafe condition:

Signature of Investigating Party: _____

Date: _____