HAZARD ALERT / CORRECTION FORM

Alert Identification No Department:		
I. Unsafe Condition or Hazard		
Name: (optional)	Job:	
Title: (optional)		-
Location of Hazard:	_	
Building:	Floor:	Room:
Date and time the condition or haz	ard was observed:	
Description of unsafe condition or	hazard:	
What changes would you recomme	end to correct the condition or ha	zard?
Employee Signature: (optional) Date: II. Management/Safety Commit		
Name of person investigating unsa		
Results of investigation (What was sheets if necessary.)	s found? Was condition unsafe or	r a hazard?): (Attach additional
Proposed action to be taken to corn	root hazard or unsafa condition: (Complete and attach a Hazard
Correction Report)	rect nazard of unsafe condition.	Complete and attach a Hazard
Signature of Investigating Party:		
Date:		

IIPP-Appendix A

Completed copies of this form should be routed to the appropriate supervisor and department Safety Coordinator, and must be maintained in department files for at least three years.