

HAZARDOUS CONDITIONS REPORT

Date:

Department:

Reported By:

1. **Hazard Classification** [check one]:

A – unsafe conditions or unsafe acts with the potential for permanent disability, loss of life or body part, and/or extensive loss of structure, equipment, material or environmental damage. **Immediate corrective action required.**

B – unsafe conditions or unsafe acts with the potential for serious injury or property damage that is disruptive to production, process, or environmental damage, but less severe than class “A” hazards. **Corrective action required [48 hours].**

C – unsafe conditions or unsafe acts with the potential for minor injury, occupational illness, non-disruptive property or environmental damage, but less severe than class “B” hazards. **Corrective and/or follow-up action required [3-7 days].**

2. Describe the **Hazardous Condition(s)** in your own words:

3. List what **Immediate Action** you have taken to eliminate or minimize the hazardous condition(s):

4. Make some **Recommendations** on how to further eliminate or minimize the hazardous condition(s):

Originator's Signature:

5. **Department Supervisor's Comments:**

Date correction action to be completed by:

Actual date corrective action completed:

Date:

Person:

Date:

Person:

Safety Committee Comments:

Signature:

Date:

Supervisor's Comments:

Signature:

Date: