

## APPENDIX D-8

### Report of Workplace Hazard

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Injury Date: \_\_\_\_\_ Day of Week \_\_\_\_\_ Time of Day \_\_\_\_\_

Hazard reported to: (Name) \_\_\_\_\_ Date: \_\_\_\_\_

Briefly describe the workplace hazard: \_\_\_\_\_

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Where is the hazard located? \_\_\_\_\_

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What has been done to correct the hazard? \_\_\_\_\_

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Who took action to correct the hazard? \_\_\_\_\_

Safety Committee reviewed this report on (date) \_\_\_\_\_

Safety Committee recommendation(s) to management: \_\_\_\_\_

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Safety Program Manager's report – Final resolution:

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Attach this form to the minutes of your Safety Committee Meeting

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