

# 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action Taken:  
(note any immediate action taken to minimize risk)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Suggestions for Corrective Action:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_