**HAZARD ALERT / CORRECTION FORM**

Alert Identification No. **\_\_\_\_\_\_\_\_\_\_\_**

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| --- |
| Department: |
|  |  |  |
| **I. Unsafe Condition or Hazard** |
|  |  |  |
| Name: (optional) | Job:  |
| Title: (optional) |  |
|  |  |  |
| Location of Hazard: |
| Building: | Floor: | Room: |
|  |  |  |
| Date and time the condition or hazard was observed: |
|  |  |  |
| Description of unsafe condition or hazard: |
|  |
|  |  |  |
| What changes would you recommend to correct the condition or hazard? |
|  |
|  |  |  |
| Employee Signature: (optional) |
|  |  |  |
| Date:  |
|  |  |  |
| **II. Management/Safety Committee Investigation** |
| Name of person investigating unsafe condition or hazard: |
|  |  |  |
| Results of investigation (What was found? Was condition unsafe or a hazard?): (Attach additional sheets if necessary.) |
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|  |  |  |
| Proposed action to be taken to correct hazard or unsafe condition: (Complete and attach a Hazard Correction Report, IIPP Appendix E) |
|  |
|  |
|  |
|  |  |  |
| Signature of Investigating Party: |
|  |
| Date:  |
|  |  |
| **IIPP-Appendix A** | Completed copies of this form should be routed to the appropriate supervisor and department  |
| **January 2016** | Safety Coordinator, and must be maintained in department files for at least three years. |

**HAZARD ALERT / CORRECTION REPORT**

Alert Identification No. **\_\_\_\_\_\_\_\_\_\_\_**

Department:

This form should be used in conjunction with the “Hazard Alert Form” (IIPP Appendix A), as appropriate, to track the correction of identified hazards.

All hazards should be corrected as soon as possible, based on the severity of the hazard. If a serious imminent hazard cannot be immediately corrected, evacuate personnel from the area and restrict access until the hazard can be addressed.

|  |  |  |  |
| --- | --- | --- | --- |
| Supervisor/Safety Coordinator Name: |  | Telephone: |  |
| Supervisor/Safety Coordinator Signature: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Description and Location of Unsafe Condition** | **Date Discovered** | **Required Action and Responsible Party** | **Completion Date** **Projected Actual** |
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| **IIPP–Appendix A** | Completed copies of this form should be routed to the department Safety Coordinator and kept in |
| **January 2016** | department files for at least three years. |