



HAZARD REPORT

Complete this document and give to your Supervisor. Make sure to give enough details about the hazard so it can be easily recognized and corrected. If a work request or order is submitted, place that number in the Description section of the form.

PART 1

Your name: _____ DOC number: _____ Date: _____
Optional if applicable

Briefly describe the workplace hazard: Use a separate sheet of paper if you need more room.

Where is the hazard located?

Submit to your Supervisor. Correct the hazard if it is within your ability and authority. If the hazard has not been reduced or corrected within a reasonable time, or the action taken seems inadequate, talk to your Supervisor, Safety Representative, or Safety Officer. In addition, a copy of the form may be routed through your chain-of-command to the Field Administrator, Regional Administrator, or Deputy Director or CI Site Manager. As a last resort, a copy can be sent directly to Headquarters, Safety Section.

PART 2

Name of supervisor: _____

Briefly describe what has been done to correct of control the hazard:

Investigate reported hazard. Make copy of this form for your files. Correct the hazard if it is within your ability and authority. Submit the form to your Safety Representative or Safety Officer.

PART 3

Name of Safety representative/officer: _____

Briefly describe what has been done to correct of control the hazard:

Investigate reported hazard. Ensure corrective action is taken and is adequate to eliminate the hazard. Submit the hazard report to your Safety Committee Chairperson, and CI Site Manager if applicable. Retain per the Records Retention Schedule. Notify Hazard Report Originator of the resolution or action taken.

PART 4

Name of Safety Committee Chair: _____

Comments:

Discuss this Hazard Report with the Safety Committee and determine if the cause, conditions, or other factors were properly identified and corrected. Document this Hazard Report and the resolution or action taken on this reported hazard in the Safety Committee Meeting Minutes and retain Safety Committee Meeting Minutes per the Records Retention Schedule. Sign this Hazard Report and return to Safety Representative or Safety Officer.

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Safety Representative/Officer **COPY** - Supervisor/CI Site Manager, Safety Office