

RECORD OF HAZARD OBSERVED

Reported By: (Optional) _____ Date: _____

Reported To: _____ Date: _____

Nature of Hazard: (Describe-Act, Equipment Situation, Etc.)

Location of Hazard: (Be specific, i.e., Custodial Closet, West Wing, XYZ Elementary School)

Action Taken: (By Supervisor)

Supervisor's Signature Date

Forward to Safety Committee for review:

Safety Committee Chairperson Date