

APPENDIX D
HAZARD IDENTIFICATION FORM

EMPLOYEE'S NAME (optional): _____

DEPARTMENT (optional): _____

PHONE# (optional): _____

UNSAFE CONDITION OR PRACTICE:

LOCATION: _____

SUGGESTION FOR IMPROVING SAFETY:

Has this matter been reported to your supervisor? Yes ___ No ___

Employees are advised that it is illegal for an employer to take any action against an employee in reprisal for exercising rights to participate in reporting safety issues.

FORWARD THIS REPORT TO ENVIRONMENTAL HEALTH & SAFETY
SBS 305
OR CALL ext 5702