

EMPLOYEE HAZARD IDENTIFICATION FORM

REPORTING PARTY:	DEPT:
LOCATION:	DATE:
IDENTIFICATION OF SAFETY OR HEALTH HAZARD:	
SUGGESTION FOR ABATEMENT OF THE SAFETY OR HEALTH HAZARD:	
SUBMIT THIS FORM TO THE ASSOCIATE SUPERINTENDENT FOR BUSINESS SERVICES!	
DO NOT WRITE BELOW THIS LINE	
Date hazard was investigated:	
Investigated by:	Work Order # (if applicable):
Action taken:	
This form was returned to the reporting party on:	
Comments:	