



ENVIRONMENTAL HEALTH AND SAFETY REPORTING SYSTEM

SECTION 1: REPORTER INFORMATION

Name: _____ Phone/Cell Number: _____	Date: _____ Time: _____ Weather: _____
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Note: If the hazard is immediately dangerous to life or health, please report it promptly to an officer. This form is used to correct non-life threatening hazards and upon completion should be placed in the appropriate box.	General Location of Event: <input type="checkbox"/> Engine Room <input type="checkbox"/> Office Area <input type="checkbox"/> Meeting Hall <input type="checkbox"/> Outside Station <input type="checkbox"/> Bathroom <input type="checkbox"/> Other _____
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SECTION 2: HAZARD DESCRIPTION

Describe the hazard in detail, including specific location of hazard.

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SECTION 3: RECOMMENDATIONS

Describe recommendations you may have to correct the hazard:
(What are your suggestions to prevent a similar event? What actions can correct the situation?)

SAFETY OFFICER COMMENTS

Safety Officer: _____

Date Investigated: _____ Time: _____

Describe Corrective Action Initiated:

Is Follow-up Action Necessary? Yes No



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