

# HAZARD ALERT FORM

Department: \_\_\_\_\_

## I. Unsafe Condition or Hazard

Name: (optional) \_\_\_\_\_ Job: \_\_\_\_\_

Title: (optional) \_\_\_\_\_

Location of Hazard: \_\_\_\_\_

Building: \_\_\_\_\_ Floor: \_\_\_\_\_ Room: \_\_\_\_\_

Date and time the condition or hazard was observed:

Description of unsafe condition or hazard: \_\_\_\_\_

What changes would you recommend to correct the condition or hazard?

Employee Signature: (optional) \_\_\_\_\_

Date: \_\_\_\_\_

## II. Management/Safety Committee Investigation

Name of person investigating unsafe condition or hazard:

Results of investigation (What was found? Was condition unsafe or a hazard?): (Attach additional sheets if necessary.)

Proposed action to be taken to correct hazard or unsafe condition: (Complete and attach a Hazard Correction Report, IIPP Appendix E)

Signature of Investigating Party: \_\_\_\_\_

Date: \_\_\_\_\_

**IIPP-Appendix A**  
**March 2006**

Completed copies of this form should be routed to the appropriate supervisor and department Safety Coordinator, and must be maintained in department files for at least three years.