

# REPORT OF UNSAFE CONDITION OR HAZARD

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

## I. Unsafe Condition or Hazard

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

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 Form 4)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**IIPP - Form 1**  
**Rev. 10/02/01**

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