HAZARD ALERT / CORRECTION FORM

Alert Identification No. __________
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 January 2016
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.
HAZARD ALERT / CORRECTION REPORT

Alert Identification No. ____________

Department: __________________________________________________________

This form should be used in conjunction with the “Hazard Alert Form” (IIPP Appendix A), as appropriate, to track the correction of identified hazards.

All hazards should be corrected as soon as possible, based on the severity of the hazard. If a serious imminent hazard cannot be immediately corrected, evacuate personnel from the area and restrict access until the hazard can be addressed.

Supervisor/Safety Coordinator Name: __________________________ Telephone: __________

Supervisor/Safety Coordinator Signature: __________________________ Date: __________

<table>
<thead>
<tr>
<th>Description and Location of Unsafe Condition</th>
<th>Date Discovered</th>
<th>Required Action and Responsible Party</th>
<th>Completion Date</th>
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<td>Projected</td>
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<td>Actual</td>
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IIPP–Appendix A  January 2016

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