

# 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)

\_\_\_\_\_

\_\_\_\_\_

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

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

## HAZARD ALERT / CORRECTION REPORT

Alert Identification No. \_\_\_\_\_

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

This form should be used in conjunction with the “Hazard Alert Form” 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: \_\_\_\_\_

Description and Location of Unsafe Condition	Date Discovered	Required Action and Responsible Party	Completion Date	
			Projected	Actual

**IIPP–Appendix A  
January 2022**

Completed copies of this form should be routed to the department Safety Coordinator and kept in department files for at least three years.