

Hazard Assessment and Correction Record Injury & Illness Prevention Program

THIS FORM IS A TOOL FOR EMPLOYEES, SUPERVISORS OR MANAGERS TO REPORT SAFETY HAZARDS. IMMINENT HAZARDS WHICH ENDANGER COUNTY EMPLOYEES OR THE PUBLIC SHOULD BE IMMEDIATELY TELEPHONED

DEPARTMENT OR DIVISION		NAME OF PERSON FILLING OUT REPORT (PRINT)		WORK PHONE
LOCATION OF HAZARD		DATE OF OCCURANCE	TIME	DATE REPORTED
UNSAFE CONDITION		UNSAFE WORK PRACTICE		
PERSON WITH MOST CONTROL OVER CONDITION		PERSON WITH MOST CONTROL OVER WORK PRACTICE		
WITNESS NAME		ADDRESS		TELEPHONE NO.
ANALYSIS	WHAT ACTS, FAILURES TO ACT AND/OR CONDITIONS CONTRIBUTED MOST DIRECTLY TO THIS HAZARD? WHY DID THESE FACTS, FAILURES TO ACT AND/OR CONDITIONS EXIST?			
PREVENTION	PLEASE PROVIDE CORRECTIVE ACTIONS TAKEN AND/OR RECOMMENDED:			
PROBABLE RECCURRANCE RATE		DATE CORRECTIVE ACTION TAKEN		
<input type="checkbox"/> FREQUENT <input type="checkbox"/> OCCASIONAL <input type="checkbox"/> RARE				
SIGNATURE OF SUPERVISOR		DATE	SIGNATURE OF DEPARTMENT HEAD	

**SUBMIT COMPLETED FORM TO:
HUMAN RESOURCES & RISK MANAGEMENT**