Hazard Assessment and Correction Record
Injury & Illness Prevention Program

THIS FORM IS A TOOL FOR EMPLOYEES, SUPERVISORS OR MANAGERS TO REPORT SAFETY HAZARDS. IMMEDIATELY NOTIFY YOUR SUPERVISOR AND RISK MANAGEMENT REGARDING IMMINENT HAZARDS WHICH ENDANGER COUNTY EMPLOYEES OR THE PUBLIC.

DEPARTMENT OR DIVISION	NAME OF PERSON FILLING OUT REPORT (PRINT)		WORK PHONE
LOCATION OF HAZARD	**PROBABLE RECURRENCE RA**	**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 RECURRENCE RATE	DATE CORRECTIVE ACTION TAKEN
☐ FREQUENT ☐ OCCASIONAL ☐ RARE	

SIGNATURE OF SUPERVISOR	DATE	SIGNATURE OF DEPARTMENT HEAD	DATE

SUBMIT COMPLETED FORM TO:
HUMAN RESOURCES & RISK MANAGEMENT