

HAZARD CORRECTION REPORT

Department _____

This form should be used in conjunction with the "Report of Unsafe Condition" 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, remove 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

Completed copies of this form should be kept in department files for at least three years.

For questions on any item, please contact your Department Safety Coordinator or call EH&S/RM at 8-7422.