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: __________

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<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 Actual</td>
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