CATHOLIC ARCHDIOCESE OF SEATTLE      SAFETY AND ACCIDENT PREVENTION PROGRAM

APPENDIX D-8

Report of Workplace Hazard

Last Name: ____________________ First Name: ________________________

Injury Date: ___________ Day of Week ___________ Time of Day ____________

Hazard reported to: (Name) ________________________ Date: _____________

Briefly describe the workplace hazard: __________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Where is the hazard located? ________________________________________
____________________________________________________________________
____________________________________________________________________

What has been done to correct the hazard? ____________________________
____________________________________________________________________
____________________________________________________________________

Who took action to correct the hazard? _______________________________

Safety Committee reviewed this report on (date) _________________________

Safety Committee recommendation(s) to management: ___________________
____________________________________________________________________
____________________________________________________________________

Safety Program Manager’s report – Final resolution:
____________________________________________________________________
____________________________________________________________________

Attach this form to the minutes of your Safety Committee Meeting