I WOULD LIKE TO REPORT WHAT I BELIEVE TO BE A HAZARD THAT COULD CAUSE EMPLOYEE INJURY/ILLNESS/DEATH, DAMAGE TO CITY PROPERTY, OR INJURY/ACCIDENT TO A PUBLIC PATRON ON CITY PROPERTY.

HAZARD IS: (Describe hazard in detail, including exact location.)

I SUGGEST THE FOLLOWING CORRECTIVE ACTION:

NAME (OPTIONAL-Please Print):

SIGNATURE (OPTIONAL): Dept. or Division:

RECORD YOUR ANALYSIS AND/OR CORRECTIVE ACTION TAKEN IN 5 DAYS:

Send completed report with corrective action to: CITY SAFETY OFFICER – HUMAN RESOURCES

IMPORTANT! SEE DISTRIBUTION BELOW. PLEASE MAKE THE APPROPRIATE NUMBER OF COPIES AND DISTRIBUTE ACCORDINGLY.

Distribution: Original - City Safety Officer
One Copy - Completed Report To Employee
One Copy - Department Safety Coordinator
One Copy - Department File
HAZARD IS: (Describe hazard in detail, including exact location. Use other side if necessary.):

When all information is completed, press **TAB** to return to the next part of the form on Page 1

I SUGGEST THE FOLLOWING CORRECTIVE ACTION:

When all information is completed, press **TAB** to return to the next part of the form on Page 1

RECORD YOUR ANALYSIS AND/OR CORRECTIVE ACTION TAKEN IN 5 DAYS:

When all information is completed, press **TAB** to return to the next part of the form on Page 1