

**EMPLOYEE INVOLVEMENT**

**REPORT OF HAZARDS AND/OR UNSAFE CONDITIONS**

DATE OF REPORT: \_\_\_\_\_

PERSON REPORTING: \_\_\_\_\_

HAZARD/CONDITION IDENTIFIED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMPANY FINDINGS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CORRECTIVE ACTION TAKEN: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE COMPLETED: \_\_\_\_\_

COMPLETED BY: \_\_\_\_\_

Management Review by: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Comments/Recommendations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_