



HAZARD IDENTIFICATION RECORD

I believe that there is a hazard in my place of work at:

[physical address or describe location of place of work]

This hazard is:

[describe hazard]

I suggest the steps that should be taken to deal with this hazard are:

[state details and ideas]

Signed:

(your name and signature)

Date:

(today's date)

Action Taken:

(Program Manager to document action taken)

Signed:

(your name and signature)

Date:

(today's date)