



NEW CONCERN/HAZARD REPORT

Location of Concern/Hazard: _____ **Date:** _____

Is this the first time you have noticed this Concern/Hazard? _____

Severity of Concern (1-5, 1 being minor – 5 being serious): _____

Details of Concern/Hazard: _____

Suggested Corrective Action: _____

Employee Signature _____ Date Reported: _____

CONCERN/HAZARD INVESTIGATION

High Priority

Medium Priority

Low Priority

Details of Investigation: _____

Corrective Action Taken: _____

Investigating Supervisor: _____

Health & Safety Officer: _____

Health & Safety Officer's Initials _____