

SHEPHERD UNIVERSITY HAZARD REPORT

TO: Supervisor, Safety Committee Administration, Other	FROM: (EMPLOYEE'S NAME)	DEPARTMENT:	PHONE:
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SUPERVISOR NOTIFIED: DATE / / <input type="checkbox"/> Yes <input type="checkbox"/> No	Related Operating Procedures Reviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No	All Affected Employees Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No
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SUPERVISOR ACKNOWLEDGMENT

I certify that I have reviewed the information contained in this hazard report and will take the necessary steps to ensure correction. * Further detailed on attachment: Yes No

Name:	Signature:
Title:	Date: Time:

MACHINE HAZARD: (Narrative) (not to be used for routine maintenance)

Has the Machine been reported to maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date/Time: _____
Has the Machine been Locked Out/Tagged Out?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date/Time: _____

DESCRIPTION OF HAZARD: (Other than machine hazard) (Narrative)

CORRECTIVE ACTION RECOMMENDATIONS: (Other than machine hazard) (Narrative)

Do Not Write Below This Line

REPORT NUMBER:	ESTIMATED COMPLETION DATE:	DATE RECEIVED:
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FORWARDED TO:	DATE:	PERSON RESPONSIBLE:
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INVESTIGATION OF HAZARD

IMMEDIATE ACTION TAKEN

FOLLOW-UP ACTION TAKEN

PERSON CONTACTED:	DATE:	TIME:
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REMARKS:

NEW ESTIMATED COMPLETION DATE:

PERSON CONTACTED:	DATE:	TIME:
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REMARKS:

NEW ESTIMATED COMPLETION DATE:

SUMMARY OF INVESTIGATION:

ACKNOWLEDGMENT

I certify that I have investigated the hazards reported in this hazard report and will take the necessary steps to ensure correction of safety deficiencies noted. * Further detailed on attachment: Yes No

Name:	Signature:
Title:	Date: Time:

REPORT FORM RETENTION INFORMATION

ATTACHMENTS

Permanent Retention File:	Location:	*Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Filed:	Filed By:	*See Following Pages