

# SHEPHERD UNIVERSITY HAZARD REPORT

**TO:** Supervisor, Safety Committee  
Administration, Other

**FROM:** (EMPLOYEE'S NAME)

**DEPARTMENT:**

**PHONE:**

**SUPERVISOR NOTIFIED:**

DATE / /  Yes  No

**Related Operating Procedures**

Reviewed:  Yes  No

**All Affected Employees Notified:**

Yes  No

## 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?

Yes

No

Date/Time: \_\_\_\_\_

Has the Machine been Locked Out/Tagged Out?

Yes

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:**

**FORWARDED TO:**

**DATE:**

**PERSON RESPONSIBLE:**

**INVESTIGATION OF HAZARD**

**IMMEDIATE ACTION TAKEN**

Blank lines for immediate action taken.

**FOLLOW-UP ACTION TAKEN**

**PERSON CONTACTED:**

**DATE:**

**TIME:**

**REMARKS:**

Blank lines for follow-up action taken remarks.

**NEW ESTIMATED COMPLETION DATE:**

**PERSON CONTACTED:**

**DATE:**

**TIME:**

**REMARKS:**

Blank lines for second follow-up action taken remarks.

**NEW ESTIMATED COMPLETION DATE:**

**SUMMARY OF INVESTIGATION:**

Blank lines for 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

No

Date Filed:

Filed By:

\*See Following Pages