


BE A HAZARD HERO

 **giles** Injury Prevention Program helps find and eliminate hazards.

Each employee plays a role in stopping actions that cause injuries and removing unsafe conditions.

TOGETHER WE CAN PREVENT INJURIES

EMPLOYEE NAME: _____

FACILITY: _____

POSITION: _____

EMAIL: _____

PHONE NUMBER: _____

AREA: _____

DATE OF HAZARD OBSERVATION: _____

REPORT HAZARDS TO THE SAFETY DEPARTMENT

BECOME A HAZARD HERO!

EMPLOYEE INSTRUCTIONS: Please print, be specific, and complete the following information. Once completed, submit the form to your immediate supervisor.

WHAT HAZARD DID YOU OBSERVE? PLEASE LIST ALL DETAILS.

LOCATION OF HAZARD:

CORRECTIVE ACTION TAKEN:

TYPE OF POTENTIAL HAZARD(S) IDENTIFIED AND PREVENTED: (CHECK ALL THAT APPLY)

- ☐ SLIP/TRIP/FALL
- ☐ SPRAIN/STRAIN
(LIFTING, PUSHING, PULLING, REPETITIVE MOTION)
- ☐ STRIKE AGAINST (OBJECT)
- ☐ CUT/PUNCTURE/SCRAPE
- ☐ PROPERTY DAMAGE
- ☐ BURN/SCALD (HOT OR COLD)
- ☐ STRUCK BY MOVING OBJECT/VEHICLE
- ☐ EXPOSURE TO HAZARDOUS CHEMICALS
- ☐ OTHER: _____

SUPERVISOR TO COMPLETE

Work with the employee to eliminate or reduce the hazard(s) and retain a copy of this form for your records.

Once completed, submit the original version of this form to the Safety Department.

WAS THE HAZARD CORRECTED?

☐ YES

DATE CORRECTED: _____

☐ NO

IF NO, EXPLAIN WHY: _____

WERE PROCEDURES CREATED OR MODIFIED?

☐ YES

DATE CREATED/MODIFIED: _____

☐ NO

WORK ORDER #: _____

DATE SUBMITTED: _____

WAS A HAZARD AWARENESS MEETING HELD?

☐ YES

DATE OF MEETING: _____

☐ NO

MAJOR FUNDING?

☐ YES

DATE OF REQUEST: _____

☐ NO

IF YES, ESTIMATED COST?: _____

FURTHER ACTION REQUIRED?

☐ YES

☐ NO

OTHER INFORMATION RELEVANT TO THIS REPORT:

SUPERVISOR NAME: _____

PHONE: _____

EMAIL: _____