



# 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:

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(your name and signature)

Date:

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(today's date)

Action Taken:


(Program Manager to document action taken)

Signed:

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(your name and signature)

Date:

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(today's date)