

Production Safety Report Form

This form should be submitted to your Safety Coordinator
(First A.D., UPM, Supervisor or Safety Representative) if you have a safety concern.

DATE: _____

NAME (optional): _____

DESCRIPTION OF THE HAZARD:

LOCATION (Be as specific as possible):

ACTION NEEDED (Please note if any intermediate steps were taken to alleviate the hazard):

OTHER COMMENTS (Continue on back of form if necessary):

(This section to be used by the Production Safety Coordinator as documentation of response and corrective action, if any).

CORRECTIVE ACTION TO BE TAKEN (Describe who will correct the situation, what will be done and when, if any, or explanation why no corrective action is being taken.)

COMMENTS:

SIGNED: _____ **DATE:** _____

Upon receipt of this completed form, notify and send to your Safety Program Administrator.