



CITY OF PETALUMA Hazard Report

Instructions: Employees may use this form to report hazards in the workplace. They are not required to sign this form unless they wish. These forms are to be turned in to the department supervisor or manager. If the department does not respond with acknowledgement of this form and the intent to take action within 5 working days, the employee has the right to turn this form into Human Resources. You do not need to fill out the italicized columns.

Supervisors or Managers: When you receive notification of hazard(s) by employees, you are required to correct the hazard and communicate that to affected employees. If correction can not be preformed immediately upon notification the supervisor or manager is required to take intermediate steps to protect employees, such as temporary engineering changes, red-tagging equipment, providing additional personal protective equipment, or similar. Fill out the italicized columns.

Department or Location:		Date:
Employee Name (Optional):	Department Supervisor:	
Substance, Equipment, Process, Practice or Work place Condition	Suggestion(s) To Correct Hazard	Action Taken