## REPORT OF SAFETY HAZARD

Name (optional)	Date	Supervisor Name	Department
Describe the weatrale	as soudition and	Llagations	
Describe the workplace	e condition and	i location;	
Health and/or Safety	Hazard:		
Suggestion(s) for mini	mizing or elimi	nating the hazard·	
buggestion(s) for mini		nating the nazara.	
The below is the respo	onse to the repo	rted hazard.	
Action(s) taken to cor			

Send to the attention of the Director of Environmental Health & Safety: SA 4703