

Hazard Report

Sonoma County Office of Education

Supervisor _____ Date _____

Department/Division _____

I would like to report what I believe to be a potential hazard that could cause employee injury, illness or death, damage to County Office property, or injury to a public patron on County Office property.

The hazard is: (specify potential hazard in detail; use additional sheets if necessary)

The location of the hazard is: (be specific; include the room number, name of site, etc.)

I suggest the following corrective action:

Signed: (optional) _____

For Supervisor's Use Only

Record of supervisor analysis and/or corrective action taken within five (5) days:

Supervisor's signature _____ Date _____

For Business Services Use Only

Reviewed by Director of Operations Safety Committee

Action taken _____