

HAZARD REPORT NOTIFICATION (HRN)

To: Risk Management Dept.	From: (Optional)	Date:
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Description of incident or observed hazard: (Provide date, time, and location, as applicable. Include a detailed and accurate description while being as concise as possible.)

Recommendations to eliminate, correct, or minimize the hazard:

Safety Manager/Officer Investigation summary:

Tracking # & Risk Code _____ Referred to _____

Suspense Date _____

Corrective action taken:

Corrective action completion date _____ by _____

INSTRUCTIONS: Fill out the form using any additional sheets as necessary.