# REPORT OF UNSAFE CONDITION OR HAZARD

**IIPP Form I**

Department: ____________________________

## I. Unsafe Condition or Hazard

<table>
<thead>
<tr>
<th>Name: (optional)</th>
<th>Job:</th>
<th>Title:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Location of Hazard:</th>
<th>Building:</th>
<th>Floor:</th>
<th>Room:</th>
</tr>
</thead>
</table>

Date and time the condition or hazard was observed:

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Description of unsafe condition or hazard:

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What changes would you recommend to correct the condition or hazard?

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Employee Signature: (optional)

Date: ______________________

## II. Management/Safety Committee Investigation

<table>
<thead>
<tr>
<th>Name of person investigating unsafe condition or hazard:</th>
</tr>
</thead>
</table>

Results of investigation (What was found? Was condition unsafe or a hazard?): (Attach additional sheets if necessary.)

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Proposed action to be taken to correct hazard or unsafe condition: (Complete and attach a Hazard Correction Report, IIPP Form 4)

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Signature of Investigating Party: ______________________

Date: ______________________

Completed copies of this form should be routed to the appropriate supervisor and department Safety Committee, and must be maintained in department files for at least one year.