Kirkman Beck
corporate

Workplace Hazard Reporting Form

Note for Employees:
This form is used to report unaddressed safety hazards, near misses, or unsafe working conditions. Submitting a hazard report is a proactive step to keep everyone safe—you will not face retaliation or negative consequences for reporting safety concerns.

Section 1: Hazard Details (to be completed by reporting employee)

Field	Employee Entry
Employee Name	
Department / Location	
Date & Time Observed	
Specific Location of Hazard *(e.g., Warehouse Bay 3, Second floor breakroom)*	
Description of Hazard *Please describe the condition, equipment, or practice that poses a risk:*	
Type of Hazard (Check all that apply)	❒ **Physical** *(e.g., slipping hazard, exposed wiring, blocked emergency exit)* ❒ **Chemical** *(e.g., chemical spill, unlabeled container, missing SDS)* ❒ **Ergonomic** *(e.g., poor workstation setup, heavy lifting)* ❒ **Biological** *(e.g., mold, body fluids, pest infestation)* ❒ **Equipment / Tool Failure** *(e.g., missing safety guard, damaged cord)* ❒ **Unsafe Practice / Process** *(e.g., lack of PPE, skipped steps)*
Suggestive Corrective Action *How do you think this hazard should be fixed or prevented?*	

Kirkman Beck
corporate

Section 2: Safety Committee / Coordinator Assessment	
Field	**Safety Official Entry**
Date Received	
Assigned Assessor	
Initial Risk Level	
Assessment Notes	

Section 3: Corrective Action & Closure

1.1. Interim Actions Taken: Immediate controls.
List any short-term steps taken immediately to eliminate or mitigate exposure (e.g., warning tape, taking equipment out of service).

2.2. Permanent Corrective Action Plan: Assign ownership & due date.
Outline long-term fixes required, assign responsible parties, and establish clear completion dates.

3.3. Verification & Sign-off: Closing the loop.
Re-inspect the area to confirm the fix works. Communicate back to the reporting employee (if not anonymous) and archive the record.

Kirkman Beck
corporate

Action Log

Corrective Action Required	Person Assigned	Due Date	Completion Date

Safety Coordinator Signature

Date

Management Representative Signature

Date