

Report a Hazard		
Name		
Job Class		
Organization		
Email		
Telephone/Extension		
Job/Hazard Location		
Date and Time		
Description of the unsafe practice or hazard (Please be as specific as possible to aid in investigation):		
Has this matter been reported to the area supervisor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What factors do you think contributed to this hazard? (Examples include: mind not on task, improper use of PPE and/or tools, inadequate procedure, lack of training, etc.) Please be specific.		
How can this hazard be prevented in the future? (For example: revise procedure(s), revised/specific training, better tools/PPE) Please be specific.		
Additional Information. What went right?		
This hazard report will be distributed throughout the Business Unit, however you may choose to remain anonymous and your name will be removed from the report when it is published.		
May CHS use your name as it appears on this report for publication purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you have any additional documentation or pictures, please include them as an attachment to supplement this form.		