

ARKANSAS TECH UNIVERSITY
HEALTH AND SAFETY HAZARD REPORT

DATE: _____ **TIME:** _____ **AM** _____ **PM** _____

LOCATION: _____

DESCRIPTION OF HAZARD

Why is this hazard considered unusual from an operational or safety standpoint? _____

What is the severity of this hazard? (check the box that applies)

Immediate threat
(most severe)

Moderate threat

Minor threat
(least severe)

CORRECTIVE ACTION RECOMMENDATIONS:

SIGNATURE OF SUBMITTER: _____

DEPARTMENT/ CRAFT: _____

IF YOU WOULD LIKE TO BE NOTIFIED ON THE OUTCOME OF THE CORRECTIVE ACTION PLEASE LEAVE CONTACT INFORMATION BELOW:

