APPENDIX D

ARKANSAS TECH UNIVERSITY

HEALTH AND SAFETY HAZARD REPORT

hat is the severity of this hazard? (check the box that applies) [Immediate threat Moderate threat Minor threat (most severe) (least severe) CORRECTIVE ACTION RECOMMENDATIONS: GNATURE OF	DATE:	TIME:	AM	PM
hy is this hazard considered unusual from an operational or safety undpoint? hat is the severity of this hazard? (check the box that applies) mmediate threat Moderate threat Minor threat (most severe) (least severe) CORRECTIVE ACTION RECOMMENDATIONS:	LOCATION:			
That is the severity of this hazard? (check the box that applies) Immediate threat Moderate threat Minor three (most severe) (least severe) CORRECTIVE ACTION RECOMMENDATIONS:	SCRIPTION OF HAZARD			
Immediate threat Moderate threat Minor threat (least severe) CORRECTIVE ACTION RECOMMENDATIONS: IGNATURE OF				
Vhat is the severity of this hazard? (check the box that applies) Immediate threat Moderate threat Minor threat (most severe) (least seven the severe) CORRECTIVE ACTION RECOMMENDATIONS: IGNATURE OF				
What is the severity of this hazard? (check the box that applies) Immediate threat Moderate threat Minor threat (most severe) (least seven (least s				
What is the severity of this hazard? (check the box that applies) Immediate threat Moderate threat Minor threat (most severe) CORRECTIVE ACTION RECOMMENDATIONS: GIGNATURE OF				
What is the severity of this hazard? (check the box that applies) Immediate threat Moderate threat Minor three (most severe) (least seven the compact of th		_	-	
What is the severity of this hazard? (check the box that applies) Immediate threat Moderate threat Minor threat (most severe) CORRECTIVE ACTION RECOMMENDATIONS: SIGNATURE OF	upom::			
Immediate threat Moderate threat Minor threat (most severe) (least sevential				
(most severe) (least severe) CORRECTIVE ACTION RECOMMENDATIONS: SIGNATURE OF	it is the severity of this hazard? (check t	the box that applies)		
(most severe) (least severe) CORRECTIVE ACTION RECOMMENDATIONS: SIGNATURE OF				
CORRECTIVE ACTION RECOMMENDATIONS: SIGNATURE OF		oderate threat		Minor threat
SIGNATURE OF	,	NATIONIC.		(least severe)
	RRECTIVE ACTION RECOMMEND	DATIONS:		
SUBMITTER:				
DEPARTMENT/ CRAFT:				
F YOU WOULD LIKE TO BE NOTIFIED ON THE OUTCOME OF THE CORRECTIVE ACTION PLEASE LEA				
CONTACT INFORMATION BELOW:				I BELLY DELLY D