

## HAZARDOUS CONDITION OR WORK PRACTICE

Date: \_\_\_\_\_ Name (voluntary): \_\_\_\_\_

Area or Department where Hazard was recognized: \_\_\_\_\_

Please describe the Hazard: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this seen on a regular basis? Yes  No

Recommendations to improve the situation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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