

| SAFETY HAZARD REPORT | | 1. ID NUMBER | | | | | | | | | | | | | | |
|---|--------------|---|-------|----------|------|----------------|--|--|-----------------|--|--|-------------------|--|--|--------------------|--|
| A. REPORTING INDIVIDUAL/SAFETY OFFICER SECTION | | | | | | | | | | | | | | | | |
| 2. ISSUED BY | | 3. ISSUED TO | | | | | | | | | | | | | | |
| 4. HAZARD NOTED | | 5. RISK ASSESSMENT CODE (See explanation on back before completing) | | | | | | | | | | | | | | |
| A. DATE | B. TIME | | | | | | | | | | | | | | | |
| 6. LOCATION OF HAZARD | | 7. NATURE OF HAZARD | | | | | | | | | | | | | | |
| B. DIVISION OFFICER SECTION | | | | | | | | | | | | | | | | |
| 1. CORRECTIVE ACTION TAKEN | | | | | | | | | | | | | | | | |
| 2. INTERIM CORRECTIVE MEASURES | | | | | | | | | | | | | | | | |
| 3. NAME, RANK, AND TITLE | 4. SIGNATURE | 5. DATE FORWARDED | | | | | | | | | | | | | | |
| C. DEPARTMENT HEAD SECTION | | | | | | | | | | | | | | | | |
| 1. ACTION TAKEN | | 2. EXPLANATION OF ADDITIONAL ACTION TAKEN/REQUIRED | | | | | | | | | | | | | | |
| <input type="checkbox"/> CORRECTIVE ACTION TAKEN IN ITEM B1 ADEQUATE <input type="checkbox"/> ADDITIONAL ACTION TAKEN/REQUIRED (GIVE EXPLANATION IN C2) | | | | | | | | | | | | | | | | |
| 3. NAME, RANK, AND TITLE | 4. SIGNATURE | 5. DATE FORWARDED | | | | | | | | | | | | | | |
| D. RECORD SECTION | | | | | | | | | | | | | | | | |
| 1. REVIEW OF ACTION TAKEN IN SECTIONS A, B, AND C | | 2. IS CSMP ENTRY REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO JSN FOR 4790/2K _____ | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">TITLE</th> <th style="width: 33%;">INITIALS</th> <th style="width: 33%;">DATE</th> </tr> </thead> <tbody> <tr> <td>SAFETY OFFICER</td> <td></td> <td></td> </tr> <tr> <td>DEPARTMENT HEAD</td> <td></td> <td></td> </tr> <tr> <td>EXECUTIVE OFFICER</td> <td></td> <td></td> </tr> <tr> <td>COMMANDING OFFICER</td> <td></td> <td></td> </tr> </tbody> </table> | | | TITLE | INITIALS | DATE | SAFETY OFFICER | | | DEPARTMENT HEAD | | | EXECUTIVE OFFICER | | | COMMANDING OFFICER | |
| TITLE | INITIALS | DATE | | | | | | | | | | | | | | |
| SAFETY OFFICER | | | | | | | | | | | | | | | | |
| DEPARTMENT HEAD | | | | | | | | | | | | | | | | |
| EXECUTIVE OFFICER | | | | | | | | | | | | | | | | |
| COMMANDING OFFICER | | | | | | | | | | | | | | | | |
| ACCOMPLISH REVIEW WITHIN 72 HOURS OF REPORT INITIATION | | 3. IF YES: ACTION COMPLETE _____ DATE _____ SIGNATURE _____ SAFETY OFFICER | | | | | | | | | | | | | | |