**Town of Marana**

# EMPLOYEE’S REPORT OF HAZARD, UNSAFE CONDITION, NEAR MISS, CONCERN OR SUGGESTION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **INFORMATION** | **CONDITION** |  | | |
| **Department:** |  | **Hazard** |  | | |
| **Division:** |  | **Unsafe Condition** |  |  |  |
| **Location:** |  | **Near Miss** |  | | |
| **Date:** |  | **Concern** |  | | |
|  |  | **Suggestion** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **\*EMPLOYEE NAME** | **ID #** | **DEPARTMENT** | **DIVISION** |
|  |  |  |  |

\*Employees who submit a Report of Hazard, Unsafe Condition, Near Miss, Concern or Suggestion are not required to provide their name or ID number unless they wish to be notified of action taken by the Department to correct or address the report.

|  |  |  |
| --- | --- | --- |
| **HAZARD/CONDITION DESCRIPTION**  **Note: Hazards/Conditions that are *imminently dangerous to life and health* should be reported immediately to Supervision and to Town Manager’s Safety Office (520) 382-1972 W or (520) 360-8795 C; or to respective Department Safety Representative.**  **Town Manager’s Safety Office** | | |
| **Description:** | | |
| **Supervisor Review of Hazard:** |  | **Date:** |
| **Safety Officer Review of Hazard:** |  | **Date:** |

|  |  |  |
| --- | --- | --- |
| **DEPARTMENT RESPONSE** | | |
| **Corrective Action:** | | **Date:** |
| **Administrator:** |  | **Date:** |
| **Safety Officer Concurrence:** |  | **Date:** |

**DISTRIBUTION:** Employee, Supervisor, Department Director and Safety Office

|  |  |  |
| --- | --- | --- |
| **DIRECTION:** | Employee: | Forward to Supervisor |
|  | Department: | Forward to Safety Office after corrective action is completed | |