



## ***Hazard Notification Form***

Unit name:	Date:
Hazard reported by:	Phone:
Hazard location:	Mail stop:

Description of hazard:
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Corrective actions taken:
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Corrected by:	Date:
Unit Supervisor Signature:	Date:

*Route to unit supervisor, unit administrator, health and safety committee, or EHS (LAB II, 1254) as appropriate.*



## ***Supervisors Accident Investigation Form***

Employee's Name:		Accident Date:
Supervisor's Name:		Investigation Date:
Unit Name:	Telephone:	Mail Stop:

Check all that apply:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> HUMAN<br>Training<br>Task performance<br>Protective equipment<br>Work history | <input type="checkbox"/> SITE CONDITIONS<br>Physical layout<br>Walking/working surface<br>Lighting<br>Weather                       | <input type="checkbox"/> EQUIPMENT/TOOLS/MATERIALS<br>Operation<br>Safety guards/controls<br>Condition/maintenance<br>Labels/signs/tags |
| <input type="checkbox"/> TIME FACTORS<br>Work shift<br>Cause/effect relationship<br>Sequence of events | <input type="checkbox"/> POLICIES/PROCEDURES<br>Safety policies & procedures<br>Operating specifications<br>Regulations & standards | <input type="checkbox"/> OCCUPATIONAL EXPOSURES<br>Air contaminants<br>Chemicals<br>Noise<br>Biohazard, human body fluid                |

Please explain all of the checked items above. Attach additional pages if necessary:

List corrective action taken. Attach additional pages if necessary:

Person to make corrections:	Date corrections made:
Supervisor's signature	Date:

*Route to unit supervisor, unit administrator, health and safety committee, or EHS (LAB II, 1254) as appropriate.*



## ***Witness Statement Form***

Name of Witness:		Date:
Unit:	Mail stop:	Phone:
Incident location		Incident date:
Describe what you were doing:		
Describe where you were:		

Description of incident. Include specific work activity; tools and equipment used; PPE used or not used; instructions given; comments made; site conditions (lighting, noise, odors, housekeeping, weather):	

Describe the injury/illness:

I have read and had the opportunity to correct this statement. The statement is _____ page(s) long. This statement is true and correct to the best of my knowledge and belief.	
Witness Signature:	Date:

*Route to unit supervisor, unit administrator, health and safety committee, or EHS (LAB II, 1254) as appropriate.*