

Potential Hazard Identification Form

Department or Division:

I would like to report what I believe to be a potential hazard that could cause employee injury/illness/death, damage to Yolo County property, or injury/accident to a public patron on Yolo County property.

Hazard:

Describe the hazard in detail, including exact location. Use other side of this form if necessary.

Suggested Corrective Action:

I submitted this form to my Supervisor. His/her name is: _____

Employee name (Type or Print)

Signature

Date

Supervisor's Analysis & Action:

Supervisor (Type or Print)

Signature

Response Date

If supervisor's response is not received within two (2) weeks of employee's submittal, the safety committee will contact the department.

Make four copies of this form and send to: 1) Department Head 2) Supervisor 3) Employee and 4) County Administrator at Courier # 66 – Ph: 666-8150