POTENTIAL SAFETY HAZARD FORM

Employee Name: _____ Date: _____

Division: _____

Site of Potential Hazard: _____

_____

Identify Hazard: _____

_____

Was the potential Safety Hazard addressed: ☐ yes ☐ no

If yes, please describe: _____

_____

Supervisor's name: _____

Signature of supervisor: _____

PLEASE send completed form to Carla Veno, 502 W. Germantown Pike, HR Department, Plymouth Meeting, PA 19462 or fax it to 610-825-8514.

Brought to you by the Agency-wide Safety Workgroup

HR Use Only

Date received: _____ Date site was called: _____

Describe the final outcome of the Potential Safety Hazard

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