



Blue Water Developmental Housing, Inc.
REPORT OF UNSAFE CONDITION OR HAZARD

Department: _____

I. UNSAFE CONDITION OR HAZARD		
Name: (optional)	Job Title:	
Location of Hazard:		
Building:	Floor:	Room:
Date and time the condition or hazard was observed:		
Description of unsafe condition or hazard:		
What changes would you recommend to correct the condition or hazard?		
Employee Signature: (optional)	Date:	

II. MANAGEMENT	
Name & job title of person investigating unsafe condition or hazard:	
Results of investigation. What was found? Was condition unsafe or a hazard? <i>(Attach additional sheets if necessary.)</i>	
Action taken to correct hazard or unsafe condition: <i>(Attach documentation such as work order.)</i>	
Signature of Investigating Party:	Date: