



**Town of Corte Madera
Injury and Illness Prevention Program Hazard Report Form**

Please complete this form and submit it to your Department Head and the IIPP Safety Officer

Department: _____ Division: _____

DESCRIPTION OF HAZARD: _____

DATE HAZARD WAS FIRST RECOGNIZED: _____

LOCATION OF HAZARD: *(Provide descriptive detail when possible)* _____

SERIOUSNESS OF HAZARD: *(What do you think might occur if this is not corrected?)* _____

RECOMMENDED CORRECTIVE ACTION: _____

Reported By: *(Optional)* _____ **Date:** _____

Employees who report unsafe work conditions or practices are protected by law and do so without fear of reprisal. All reports will be taken into consideration.

Received By: _____ **Date:** _____