



20730 Holyoke Ave. #125
P.O. Box 565
Lakeville, MN 55044

Phone: 952-985-0672
Fax: 952-985-0675
www.integrahc.com

Hazard Report Form

Use this form to report situations that do not involve personal injury.
Report any workplace hazard that is potentially dangerous.

Please provide a description of the hazard, unsafe work condition or unsafe work practice.

If known, please describe causes or other contributing factors.

What is the location of the Hazard at the workplace?

How long has the Hazard existed at the workplace?

- Less than 1 week 1 – 4 weeks More than a month More than 3 months

Has the hazard been previously reported or discussed with a supervisor?

- Yes No

If yes, give details of who you spoke to, when and what occurred from the discussion/report.

Recommendation to eliminate or control the hazard.



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NO EMPLOYEE WILL BE RETALIATED AGAINST FOR REPORTING HAZARDS OR POTENTIAL HAZARDS OR FOR MAKING SUGGESTIONS RELATED TO SAFETY.

Do you wish to be contacted for an update, follow up or to provide additional information?

Name: _____

What is the best way to contact you? _____

I prefer to remain anonymous. (By checking this box you will not receive information regarding the status of your report.)

You can submit this form via mail (PO Box 565, Lakeville, MN 55044), e-mail (denise@IntegraHC.com) or fax (952-985-0675).

THANK YOU.

For Office Use Only:

Corrective Action Taken

Date Hazard Corrected _____

Follow Up Done

Date Follow Up Completed _____

Signature _____ Date _____