U.S. Department of Energy

Report of Safety or Health Hazard

MEMORANDUM FOR:	☐ SAFETY INSPECTOR	Date:
	ROOM	
	☐ SAFETY AND OCCUPATIONAL	
	HEALTH MANAGER	•
From		
From		
		Anonymity Requested ☐YES ☐NO
Location of Hazard		
Nature of Hazard		
Action by Safety Officer		
Action Taken		
Date Hazard Corrected	Followed up Action if Required	
Date Hazard Contected	Tollowed up Action it Required	