



County of Santa Clara Hazard Report

Concerned Employee: Complete This Section

If this hazard presents a **clear** and **immediate danger** to health and safety, **DO NOT USE THIS FORM**. Report the problem to your Supervisor, Safety Coordinator, and if necessary, Occupational Safety and Environmental Compliance.

It is usually best to discuss a safety hazard with your supervisor before using this form. Use this form if you wish to make a written notice of the hazard. Ask your supervisor for a blank form or photocopy any blank form to use as an original. You may also ask your Steward to submit an anonymous report for you.

Hazard Location: Address: _____
Building: _____ Floor: _____ Department: _____

Describe the Hazard: _____

What action do you recommend? _____

Name: _____ Phone: _____ Signature: _____ Date: _____

----- Give this form to your supervisor and keep a copy.

-----If you do not hear from your supervisor within two business days, send copies to your Steward, the Departmental Safety Coordinator, Occupational Safety and Environmental Compliance 408-441-4280, eFax: faxosec@esa.sccgov.org Email: osec@ceo.sccgov.org

Supervisor: Complete This Section *Give to the employee within two business days.*

Keep a copy.

Your analysis and action taken: _____

Person contacted: _____ Phone: _____ Date: _____

Work Order or Service Call number (if applicable): _____

Name: _____ Phone: _____ Signature: _____ Date: _____

Concerned Employee:

If you are satisfied with your supervisor's response, no further action is necessary.

If you are dissatisfied or would like to discuss this matter further, contact your Steward, the departmental Safety Coordinator, or Occupational Safety and Environmental Compliance 408-441-4280.