



Department: _____

Safety Report

1. Personal Information (Optional for "Hazard Report" only).

Name: _____ Supervisor: _____

Division: _____

2. Injury Report

Type: ☐ Cut/Abrasion ☐ Sprain/Strain ☐ Other: _____

Location on body: _____

Severity: ☐ Slight (Req'd First Aid only, even if supplied by Medic) ☐ Serious (Req'd Physician) ☐ Severe (Req'd Hospitalization)

3. Damage Report (Over \$500)

Type: ☐ Damage by Others ☐ Private Property ☐ Private Vehicle ☐ City Owned Property

☐ City Vehicle No. _____ ☐ City Equipment _____

Severity: ☐ Minor (Less than \$1,000) ☐ Moderate (Less than \$5,000) ☐ Major (More than \$5,000)

4. Hazard Report (May be submitted anonymously)

I'm reporting a hazard which may result in: ☐ Injury ☐ Illness and/or ☐ Property Damage

This hazard involves: ☐ Hazardous Materials ☐ Another Department: _____

Risk Assessment: ☐ Possible (Is likely to happen) ☐ Probable (Will absolutely happen)

5. Description (Fill out applicable sections)

Date: _____ Time: _____ am/pm ☐ Clear ☐ Cloudy ☐ Windy ☐ Rainy ☐ Icy ☐ Hot (90°+)

Location: _____ Activity: _____

Witness(es): _____

Describe incident or condition:

(Include or attach sketch if applicable)

6. Requested Action

- ☐ Information (I would like information and/or training to deal with this incident or condition)
- ☐ Investigation (I would like to have this incident or condition investigated)
- ☐ Improvement (I would like to have this incident or condition corrected in the following manner:)

Sign & retain pink copy for your records

(Revised 7/07)

Submitted by DISTRIBUTION:
White-File

Date Yellow-Supervisor

Pink-Employee

Received By

Date