

# STA Employee Safety Hazard Report Form

File Number: \_\_\_\_\_  
(Leave Blank)

Date: \_\_\_\_\_

Where is the hazard located?

(Check One)

- ☐ Boone Facility-North
- ☐ Boone Facility-South
- ☐ Boone Northwest Garage
- ☐ Sharp Facility
- ☐ Fleck Service Center
- ☐ Park & Ride \_\_\_\_\_ (Enter which one)
- ☐ Plaza Facility
- ☐ Valley Transit Center
- ☐ Other \_\_\_\_\_

Describe the location further if it is not obvious from the description of the hazard:

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Describe the workplace hazard: (Give more details if you are filling this out anonymously) \_\_\_\_\_

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Has the Hazard been reported to a Foreman, Supervisor, Manager or Director?

☐ Yes ☐ No If so, Who? \_\_\_\_\_ Date Reported: \_\_\_\_\_  
(Check One)

Your Name: \_\_\_\_\_ (optional)

**Stop Here!**

**Stop Here!**

*Drop-off or Mail this report to your management; the Human Resources Department; Safety or any Safety Committee Member.*

Briefly describe the actions taken to correct the hazard? \_\_\_\_\_

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Who or What department took the corrective action? \_\_\_\_\_

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**Purpose of the Safety Hazard Report Form:**

The purpose of this form is to provide employees with another method of reporting workplace hazards or potential hazards; to have the identified hazards evaluated and; if possible, have the hazard eliminating or minimized.

**Instructions:**

1. Fill in the blanks and answer the questions on the reserves side.
2. Turn in the completed form to your foreman, supervisor or manager. You may also deliver the completed form to any Safety Committee Member, the Safety Office, or the Human Resources Department.

**Other Information:**

1. Allow time for routing and investigation before expecting a follow-up contact from the appropriate party.
2. All completed reports will be forwarded to the Safety Committee for review and disposition.