

COUNTY OF HUMBOLDT

**SAFETY HAZARD CONDITION INCIDENT REPORT**

Complete and return to: Risk Management Division, 825 5<sup>th</sup> Street, Room 111, Eureka, CA 95501, Telephone: (707) 476-2381

(Must be completed within 24 hours or as soon as possible)

Please Type or Print

**CONFIDENTIAL—DO NOT RELEASE TO ANYONE**

**SECTION I**

ORIGINATOR (Person

reporting): \_\_\_\_\_ TITLE: \_\_\_\_\_

DEPARTMENT/DIVISION: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_ BUDGET UNIT

NO: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_ TIME OF

INCIDENT: \_\_\_\_\_

LOCATION OF

HAZARD: \_\_\_\_\_

DEPARTMENT/DIVISION RESPONSIBLE FOR

AREA: \_\_\_\_\_

DESCRIPTION OF HAZARDOUS CONDITION OR UNSAFE

PRACTICE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CORRECTIVE ACTION(S) RECOMMENDED AND/OR

TAKEN: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ORIGINATOR'S

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

-----  
\_\_\_\_\_

**SECTION II**

THE HAZARDOUS CONDITION WAS INSPECTED AND THE FOLLOWING ACTION HAS BEEN TAKEN [ ] WILL BE TAKEN [ ]

IS RECOMMENDED [ ]:

\_\_\_\_\_  
\_\_\_\_\_

---

---

---

---

---

---

---

---

WILL THE COUNTY NEED TO MAKE REPAIRS? [ ] YES [ ] NO IF YES, PLEASE ATTACH A COPY OF THE WORK ORDER.

SUPERVISOR'S SIGNATURE \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

DATE: \_\_\_\_\_

**SECTION III (FOR RISK MANAGEMENT DIVISION USE)**

REVIEWED/INVESTIGATED

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

TYPE OF

LOSS: \_\_\_\_\_

ACTION(S) TAKEN OR

RECOMMENDED: \_\_\_\_\_

SUBROGATION RECOMMENDED [ ] YES [ ] NO FOLLOW-UP FILE

DATE: \_\_\_\_\_ INITIAL \_\_\_\_\_

Distribution: Original--Risk Management Division Copy--Department Head/Safety Committee Copy--Building Maintenance

**COUNTY OF HUMBOLDT  
SAFETY HAZARD CONDITION INCIDENT REPORT  
INSTRUCTIONS**

County employees are encouraged to report safety hazards that may effect other employees, public patrons and county-owned property or equipment. Proper and early reporting of safety hazards provides the County with an opportunity for early investigation and documentation of events.

**EMPLOYEE**

- ◆ Contact your supervisor verbally, describe the safety hazard and indicate your recommended corrective action.
- ◆ Complete Section I on the Safety Hazard Condition Incident Report (RM 02), giving precise information regarding the safety hazard, and submit the form to your supervisor for review and action.

Note: If the department cannot correct the safety hazard or if corrective action is not considered satisfactory, please contact the Risk Management Division.

**SUPERVISOR**

- ◆ Complete Section II on the Safety Hazard Condition Incident Report (RM 02) indicating corrective action(s) taken, anticipated or recommended. If necessary, include the department head and safety committee in hazard analysis of corrective action.
- ◆ Notify employee of response or whether a response may be delayed.
- ◆ Send completed form to the Risk Management Division, a copy to Building Maintenance, and retain a copy for the Department Head/Safety Committee.