

NOTICE!

The following procedure is currently under revision.

If you need to refer to this procedure and have questions regarding applicability, please contact the Safety Office at 425.388.3549.

REPORTING UNSAFE OR UNHEALTHFUL CONDITIONS

I. PURPOSE

The purpose of this section is to provide a means for workers to identify safety and health hazards in the workplace.

II. PROCEDURE

A. When an employee notes a safety or health hazard, they shall notify their supervisor. In addition an employee can fill out a Safety Hazard report (Figure 9-1).

NOTE: Send a copy of the form to the County Safety Office.

B. The supervisor will evaluate the form and if it is decided that there is a definite hazard, the supervisor will initiate action to eliminate the hazard.

C. Should the supervisor have questions as to the validity of the report or have trouble developing corrective action, they will contact the County Safety Office for assistance.

D. Any hazard that is life threatening or which poses imminent serious injury shall immediately be brought to the attention of the County Safety Office.

E. Employees shall attempt to correct the hazard if possible or secure the area to protect other employees or citizens.

SAFETY HAZARD REPORT



Date of Report _____

To _____

Department _____ **Division** _____

Reported By _____ **Department** _____

Location _____

1. HAZARD:

2. CORRECTIVE ACTION:

3. DATE CORRECTIVE ACTION COMPLETED: _____

Employee Signature

Supervisor Signature

CC: Safety Office