

Safety Hazard Reporting Form

HAZARD REPORTING FORM

Crom Automotive, Inc. is committed to maintaining a safe work environment. A safe work environment is one which is free from accidents, injuries and work-related illnesses. All employees must work together to create and maintain a safe environment for all employees and visitors. Crom Automotive, Inc. is committed to strict compliance of all Federal, State and Local Laws concerning worker health and safety.

Crom Automotive, Inc. employees may use this form to report safety issues to management. Management will investigate the safety issue/complaint to determine what action needs to be taken. This form can be submitted anonymously.

Date: _____ Time: _____

Employee's Name: _____
(Optional)

Department: _____
(Optional)

Phone # and/or Email: _____
(Optional)

Describe the unsafe condition or practice:

Location: _____
(Building, Floor, Department, etc.)

Has this matter been reported to your supervisor? Yes No

Do you wish to be notified of action taken: Yes No (If yes, please make sure contact information is available).

Send completed form to your immediate supervisor. If you prefer you can submit form to Robert or Debra Crom or submit anonymously by mail.

DPS Use Only:
Corrective Action Taken:

Date: _____ Time: _____ By: _____
