

HAZARD NOTIFICATION

*This form is designed to be used by cast and crew members to report any hazards or unsafe acts noted on the production.
The reporting cast or crew member may remain anonymous.*

Production Name:		To Be Completed By:	<i>Any member of Cast or Crew</i>
Copies Sent To:	<i>Unit Production Manager</i> <i>Safety</i>	To Be Stored By:	<i>Production Office Coordinator</i>
Production Location:		Today's Date:	
Special Instructions:	When: <i>As required.</i>	Frequency: <i>As needed.</i>	
Date Observed:		Time Observed:	
Location of Hazard or Unsafe Act: <i>(Be specific)</i>			
Description of Hazard or Unsafe Act:			
Action Taken: <i>(Note any <u>immediate</u> action taken to minimize risks.)</i>			
Suggestions for Corrective Action: <i>(Note any <u>long-term</u> corrective action taken on Form 11: Notice of Unsafe Condition and Action Plan)</i>			
Name: <i>(Voluntary)</i>			
Position: <i>(Voluntary)</i>			