

Local 369 Workplace Hazard Report Form

Reference No.

Part A: Complete items 1-5 and give form to Supervisor, and a copy to your Chief Steward, or Steward.

(1) Brief description of hazard/health and safety issue.

(2) Location of hazard in the workplace

(3) Time/Date hazard identified

Time:	Date:
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(4) Recommended remedial action to ensure workplace health and safety

(5) Please note: This report does not imply that all other conditions and work practices are acceptable

Reported by:	Received by:
Name: <i>confidential upon request</i>	Name:
Signature:	Signature:
Contact number: ()	Contact number: ()
Date:	Date:

If you fear retaliation of any kind you should fax (781-848-4108) or US Mail (Local 369 UWUA 120 Bay State Drive Braintree Ma, 02184) this form directly to the Union Office. Prompt action will be taken to address the issue(s) you have identified.