|  |
| --- |
| **Log of Employee Reports of Unsafe or Unhealthy Working Conditions\*** |
| **File No.** | **Incident Location:** | **Reporting Employee(s):** |
| **Date:****Time:** **A.M./P.M.** | **Hazard****Classification:** | Imminent DangerSeriousOther | [ ] [ ] [ ]  | **Recorded By:** |
| **Description of Condition:** |
| **Action Taken and Date:** |

|  |  |  |
| --- | --- | --- |
| **File No.** | **Incident Location:** | **Reporting Employee(s):** |
| **Date:****Time:** **A.M/P.M.** | **Hazard****Classification:** | Imminent DangerSeriousOther | [ ] [ ] [ ]  | **Recorded By:** |
| **Description of Condition:** |
| **Action Taken and Date:** |

|  |  |  |
| --- | --- | --- |
| **File No.** | **Incident Location:** | **Reporting Employee(s):** |
| **Date:****Time:** **A.M./P.M.** | **Hazard****Classification:** | Imminent DangerSeriousOther | [ ] [ ] [ ]  | **Recorded By:** |
| **Description of Condition:** |
| **Action Taken and Date:** |

|  |  |  |
| --- | --- | --- |
| **File No.** | **Incident Location:** | **Reporting Employee(s):** |
| **Date:****Time:** **A.M./P.M.** | **Hazard****Classification:** | Imminent DangerSeriousOther | [ ] [ ] [ ]  | **Recorded By:** |
| **Description of Condition:** |
| **Action Taken and Date:** |

\* This log should be a sequentially numbered case file, coded for identification. Upon the request of the employee making the report, the reporting employee’s name or the names of individual employees referred to in the report must not be disclosed to anyone other than authorized representatives of the Department of Labor (OSHA).