HEALTH AND SAFETY HAZARD REPORT		
NAME:		DATE:
DEPARTMENT: Avi	ation	PHONE:
SAFETY HAZARD:		
WHY DO YOU FEEL THIS	IS A HAZARD?	
REQUESTED SOLUTION	ГО THE PROBLEM:	
	SUBMIT COMPLETED FORM TO IM	MEDIATE SUPERVISOR
	SUPERVISOR R	ESPONSE
DATE RECEIVED:	SUPERVISOR'S NAME:	PHONE:
COMMENTS:		
·		
IF A HAZARD DOES EXIS	T, WHAT IS YOUR PLAN OF ACTION TO RESO	OLVE IT? (PLEASE INCLUDE A TIME FRAME)
CEND ODICINAL TE	O DEDA DEMENTE HEAD AND A CODY TO THE EMPLOY	WEE WITHIN 10 WODWING DAVE OF DECEMBE OF THIS FORM
SEND ORIGINAL 1		YEE WITHIN 10 WORKING DAYS OF RECEIPT OF THIS FORM
	DEPARTMENT HEA	
DATE RECEIVED:	SIGNATURE:	PHONE:
COMMENTS:		
-		
ACTION TO BE TAKEN:		
-		
anun ontant		TOTAL AND A GODY TO THE TANK OF THE AND GUIDE AND GUIDE
SEND ORIGINA	AL TO THE CLARK COUNTY RISK MANAGEMENT OF WITHIN 10 WORKING DAYS OF RI	FICE AND A COPY TO THE EMPLOYEE AND SUPERVISOR ECEIPT OF THIS FORM
CLARK COUNTY		
SAFETY OFFICER SIGN.	ATURE:	DATE:
oriz Ell olliobit sion.		
	HEALTH AND SAFET	Y COMMITTEE
COMMENTS:		
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