



Supervisor's Risk Hazard Report

1. Reported by whom? Phone # of person who reported the hazard:	2. Venue: Load in: <input type="checkbox"/> Load out: <input type="checkbox"/> Other: <input type="checkbox"/>	3. Date: 4. Time: am <input type="checkbox"/> pm <input type="checkbox"/>	
5. What is the hazard? (Be specific)			
6. Who from the venue was notified that could correct the hazard? Title & Phone# of person notified:	7. Location of hazard:		
8. What was immediately done to resolve or "flag" the hazard area?			
9. What immediate actions were taken to advise employees of how to avoid the hazard?			
10. How did equipment, if any, contribute to or cause the hazard?			
11. What additional action(s) could to be taken to correct and permanently prevent the hazard?			
Supervisors Name:	Supervisors Signature:	Phone #:	Date:

ONCE FORM IS COMPLETED FAX TO: (801)328-1307 or E-MAIL: julie@utpgroup.com

To be completed by UTP office

Corrective Action Taken:
Person Responsible for corrective action:
Date finalized: