



Home & Health Care
MANAGEMENT, INC

REPORT OF SAFETY HAZARD

Date Reported: _____ Person Initiating Form (optional): _____

Branch: _____ Patient Name/HC#: _____
(If hazard is regarding a patient)

Person initiating a report of safety hazard should complete only Sections A and B.

A. Specific Problem or Concern Identified: _____

B. Employee's Suggestion for Resolving the Problem/Concern: _____

This section to be completed by the Safety Committee:

C. Discussion: _____

D. Action Taken/Recommendations: _____

Proposed Completion Date: _____

Responsible Person(s): _____

Actual Completion Date: _____

Date to PIC: _____ Signature DOPS: _____