

Allied EMS Systems, Inc.

SAFETY HAZARD REPORT

To: Safety Coordinator

From: \_\_\_\_\_

Area: \_\_\_\_\_

Subject: Report of Safety Hazard as found on monthly  
checklist:

The following safety hazard was observed and should be  
corrected.

Location: \_\_\_\_\_

Description of  
Hazard: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
This condition was/was not (circle one) reported to:

(Name of person & Dept, if reported)

\_\_\_\_\_  
Name of person who observed condition

\_\_\_\_\_  
Signature of Manager/Supervisor

Action  
taken: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_