

## HAZARD REPORTING FORM

Reporting Employee \_\_\_\_\_ Report #

Date of Report \_\_\_\_\_

Time of Hazard \_\_\_\_\_ Time Report Submitted \_\_\_\_\_

Location of Hazard \_\_\_\_\_ Route/Manifest \_\_\_\_\_

Supervisor Notified \_\_\_\_\_

(Check all that apply)

**Type of Hazard**

Vehicle	<input style="width: 80%; height: 20px;" type="checkbox"/>	Weather Related	<input style="width: 80%; height: 20px;" type="checkbox"/>
Passenger	<input style="width: 80%; height: 20px;" type="checkbox"/>	Road Condition	<input style="width: 80%; height: 20px;" type="checkbox"/>
Facility	<input style="width: 80%; height: 20px;" type="checkbox"/>	Security	<input style="width: 80%; height: 20px;" type="checkbox"/>
Employee	<input style="width: 80%; height: 20px;" type="checkbox"/>	Near Miss	<input style="width: 80%; height: 20px;" type="checkbox"/>

**Description of Hazard**

**Initial Action Taken to Mitigate Hazard**

**Initial Assessment of Hazard**

	Level 1 - Immediate: A deficiency, threat, or hazard requiring immediate attention to mitigate risk either temporarily until further action can be taken or complete mitigation.
	Level 2 - Short Term: Action is needed within seven days to mitigate an identified deficiency, threat, or hazard. The deficiency, threat, or hazard does not pose immediate danger, but if no action is taken could elevate to an Immediate level risk.
	Level 3 - Long Term: A deficiency, threat or hazard has been identified but does not pose a threat currently, but could at a later time. Continued monitoring and awareness are required.

Received by: \_\_\_\_\_ Date/Time \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## HAZARD MITIGATION

Investigating Supervisor \_\_\_\_\_ Title \_\_\_\_\_  
Date of Investigation \_\_\_\_\_ Time \_\_\_\_\_

### Additional Information

Assessment Classification (Circle)      Level 1    Level 2    Level 3

Report #

### Mitigation Action(s) Taken

Action(s) Designed to:      Eliminate      Control      (Circle one)

### Describe Communication of Action(s)

### Follow-up

Date \_\_\_\_\_ Contact \_\_\_\_\_  
Status of Action Taken

Is additional action needed?      YES      NO

### Additional Action Taken

**Follow-up**

Date \_\_\_\_\_

Contact \_\_\_\_\_

Status of Action Taken

Is additional action needed?

YES

NO

**HAZARD CLASSIFICATION**

Report #

Category of Hazard

**Vehicle**

Mechanical	<input type="checkbox"/>
Performance	<input type="checkbox"/>
Interior	<input type="checkbox"/>
Exterior	<input type="checkbox"/>
Towed	<input type="checkbox"/>
Repaired on scene	<input type="checkbox"/>
Safety equipment	<input type="checkbox"/>
Lift/Ramp/Securemt	<input type="checkbox"/>
See Pre-Trip	<input type="checkbox"/>

**Passenger**

Behavior	<input type="checkbox"/>
Weapon	<input type="checkbox"/>
Suspended from svc.	<input type="checkbox"/>
Medical Emergency	<input type="checkbox"/>
Injury	<input type="checkbox"/>
Death	<input type="checkbox"/>
Mobility Devise	<input type="checkbox"/>

**Facility**

Safety Equipment	<input type="checkbox"/>
Security Systems	<input type="checkbox"/>
Plumbing	<input type="checkbox"/>
Electrical	<input type="checkbox"/>
Foundation	<input type="checkbox"/>
Parking	<input type="checkbox"/>
Equipment	<input type="checkbox"/>
HVAC/Heat	<input type="checkbox"/>
Roof	<input type="checkbox"/>
Storage	<input type="checkbox"/>
Computer/Data	<input type="checkbox"/>
Farebox/Vault	<input type="checkbox"/>

**Facility**

Shelter	<input type="checkbox"/>
Fueling	<input type="checkbox"/>
Hazardous Materials	<input type="checkbox"/>
Fencing/Gate	<input type="checkbox"/>
Passenger Amenities	<input type="checkbox"/>

**Employee**

Behavior	<input type="checkbox"/>
Theft	<input type="checkbox"/>
Endangering Others	<input type="checkbox"/>
Property Abuse	<input type="checkbox"/>
Illegal Activity	<input type="checkbox"/>

Chief Safety Officer Initials