



CEUI-S-100

# HEALTH AND SAFETY HAZARD



\*\*\*\*\*  
 \* \_\_\_\_\_ \*  
 \* **Date Submitted** \*  
 \* \_\_\_\_\_ \*  
 \* Please be sure to write in \*  
 \* date submitted \*  
 \*\*\*\*\*

In accordance with Article 19, Section Four of the Maintenance Contract, which reads in part:

It is incumbent upon each employee to report known safety hazards. **\*AN EMPLOYEE, IN REPORTING SAFETY HAZARDS, SHALL NOTIFY HIS/HER IMMEDIATE SUPERVISOR IN WRITING AND SAID SUPERVISOR SHALL ACKNOWLEDGE RECEIPT OF THE REPORT IN WRITING, AND THE EMPLOYEE SHALL RECEIVE A TIMELY REPORT OF ITS DISPOSITION.**

I, \_\_\_\_\_ report the following safety hazard(s):

1. Agency \_\_\_\_\_ 2. Department \_\_\_\_\_
3. Name immediate supervisor \_\_\_\_\_
4. Location of hazard(s): (i.e. building, floor, room, vehicle #, etc.)

5. Brief description of safety hazard(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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cut along dotted line

I, \_\_\_\_\_ report the following safety hazard at \_\_\_\_\_  
Name Agency

In accordance with the Contract, ask the supervisor to sign and date this portion.

\_\_\_\_\_  
Name Date

Brief description of safety hazard(s) to be stated exactly as above, No.5 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please give the top portion of this form to your supervisor and return the bottom portion to:

**SAFETY COMMITTEE**  
 c/o CEUI  
 P.O. Box 1268  
 Middletown, CT 06457  
 Telephone: (860) 344-0311