

# SCHEDULE J - SAFETY HAZARD REPORT FORM

A = IMMINENT DANGER WHICH REQUIRES IMMEDIATE CORRECTIVE ACTION  
B = HAZARDOUS CONDITION OR ACTIVITY WHICH IS NOT IMMEDIATELY DANGEROUS BUT SHOULD BE ATTENDED TO AS SOON AS POSSIBLE  
C = LOW HAZARD, GENERALLY DOES NOT INCLUDE MACHINERY WITH MOVING PARTS

PRODUCTION/COMPANY: \_\_\_\_\_ DATE: \_\_\_\_\_

HAZARD CLASSIFICATION      A\_\_\_\_ B\_\_\_\_ C\_\_\_\_

DESCRIPTION OF HAZARD:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LOCATION (BE SPECIFIC):

\_\_\_\_\_  
\_\_\_\_\_

ACTION NEEDED (NOTE IF INTERMEDIATE STEPS WERE TAKEN TO ALLEVIATE THE HAZARD):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER COMMENTS (CONTINUE ON BACK IF NECESSARY):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CORRECTIVE ACTION (DESCRIBE WHO WILL CORRECT THE SITUATION, WHAT WILL BE DONE & WHEN):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature, Crew Representative/Steward**

\_\_\_\_\_  
**Signature, Production Manager**

**Be sure to submit this form to the Union and the  
Production Manager**

HAZARD CORRECTED    Y____ N____
SIGNED: _____
DATE: _____