

HAZARD IDENTIFICATION, EVALUATION AND CORRECTION VERIFICATION

UNIVERSITY OF CALIFORNIA
AGRICULTURE AND NATURAL RESOURCES
INJURY AND ILLNESS PREVENTION PROGRAM

ANR Office/Location: _____

Hazard Identification: _____ Date Hazard Identified: _____

Location - Building: _____ Room: _____ Unit/Dept.: _____

Individual Identifying Hazard (optional):

Name: _____ Telephone: _____ Unit/Dept.: _____

Description of Hazard:

Hazard Evaluation: Imminent Serious Moderate/Low

Method of Correction: *(including interim preventive measures)*

Hazard Corrected by:

Name: _____ Date: _____

Signature: _____ Title: _____

Correction Verified by:

Name: _____ Date: _____

Signature: _____ Title: _____