



County of San Bernardino  
RISK MANAGEMENT DIVISION

HAZARD REPORT

Reporting Employee (Optional)		Date
Department		
Location of Condition		
Description of Hazardous Condition or Unsafe Practice:		
Corrective Action Taken or Recommended:		
Date Corrective Action Taken	Signature	Phone Number

DO NOT WRITE BELOW – FOR FACILITIES MANAGEMENT USE ONLY

THE FOLLOWING CORRECTIVE ACTION HAS BEEN COMPLETED:	
Title	Signature

DISTRIBUTION: Original copy – Risk Management  
Second copy – Originator  
Third copy – Facilities Management