



The purpose of this form is to allow WSDOT employees to report observations of unsafe conditions or behaviors (see Instruction Sheet). To report an injury or accident, please use DOT Form 750-013.

|   |   |  |  |
|---|---|--|--|
| Name (Please print)   |   | Phone  | Date Submitted   |
| Office  | Your Mail Stop and Location                                 |  | Org. Code  |
| Location of Hazardous Condition   |   | Date Observed  | Time Observed <input type="checkbox"/> AM<br><input type="checkbox"/> PM |
| Have you or others been exposed to or noticed the hazard before?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | If yes, when and for how long?   |  |
| Indicate any of the following involved in the hazardous situation.  |   |  |  |
| <b>Hazardous Condition</b><br><input type="checkbox"/> Unguarded or inadequately guarded <input type="checkbox"/> Heaving object<br><input type="checkbox"/> Defective tools, equipment, etc. <input type="checkbox"/> Noise<br><input type="checkbox"/> Unsafe design or construction <input type="checkbox"/> Toxic material or hazardous chem.<br><input type="checkbox"/> Improper storing <input type="checkbox"/> Slippery surface<br><input type="checkbox"/> Other (specify below) <input type="checkbox"/> Poor housekeeping |   | <b>Unsafe Act</b><br><input type="checkbox"/> Lack of deliberation <input type="checkbox"/> Taking unsafe position<br><input type="checkbox"/> Improper clothing or shoes <input type="checkbox"/> Failure to use protective equip.<br><input type="checkbox"/> Using unsafe equipment <input type="checkbox"/> Distraction or inattention<br><input type="checkbox"/> Improper loading methods <input type="checkbox"/> Improper turning movement<br><input type="checkbox"/> Other (specify below) <input type="checkbox"/> Improper lifting |  |
| Describe Hazard (Use additional sheets if necessary).   |   |  |  |
| What corrective action did you take (if any)  |   |  |  |
| Have you involved your supervisor?  | Supervisor Name   | Phone  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |  |  |
| Is Further Action Needed?   | Suggested Actions   |  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |  |  |

Forward form to your Region / Service Center / Safety Office.

|   |   |  |                           |                       |
|---|---|--|---------------------------|-----------------------|
| <b>This section is for acknowledgment and response.</b> |   |  |                           |                       |
| <input type="checkbox"/> Approved and action completed  | <input type="checkbox"/> Pending further cost analysis, information, and/or investigation | <input type="checkbox"/> Other (Specify) |                           |                       |
| <input type="checkbox"/> Action will be implemented     | <input type="checkbox"/> No action taken / planned at this time                           |  |                           |                       |
| Comments  |   |  |                           |                       |
| Date Received   | Date Replied  | Acknowledged By                          | Projected Completion Date | Date Closed/Completed |