

FORM

Fleet Hazard Notification Form

Date:
Department:

Hazard or unsafe procedure identified:

Vehicle No.:

Recommendations to provide a safer work environment/required maintenance:

Corrective action taken: (To be completed by a supervisor)

Date corrective action completed: _____ Completed by: _____
(To be completed by a supervisor/mechanic)

Supervisor Signature: _____

Employee Signature: _____