

This form is to be used to report an observed or potential hazard identified by a RIPA employee. The purpose of the report is to bring the hazard to the attention of supervision, so that measures can be taken to eliminate or mitigate the possibility of an accident or incident that could lead to personal injury or damage to equipment or property.

Employees are encouraged to correct or eliminate the hazard themselves if at all possible. If not, please provide a detailed description of the nature and location of the perceived hazard. Be specific (date, time, location on the job site, equipment number, job name, etc.) on your observation and include photos and other types of documentation if available.

Fill out the information below and return it to RIPA's Safety Director at;  
1409 Tech Boulevard, Suite 1 Tampa, FL 33619 or;  
e-mail your observation to [reportahazard@ripatampa.com](mailto:reportahazard@ripatampa.com) .

Hazard Reported By:

Employee Name \_\_\_\_\_ Date \_\_\_\_\_

**Hazard/non-compliance observed:** (Be specific on date, time, observation, equipment number, job site name/number etc.)

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**Management response to hazard report:**

Date of follow up with employee providing the notification: \_\_\_\_\_