

Report Date: _____

Venue: _____

HAZARD CONDITION AND UNSAFE ACTRION REPORT FORM

1 LOCATION (In which the condtion or action is noted) _____

- Onstage
- Back Stage
- Grid
- Hallways / Office Rooms

- Front of House
- Dock / Outside
- Basement
- Other

Report Originator: _____

2 DATE CONDITION or ACTIVITY WAS NOTED: _____

3 URGANCY OF CONDITON FOR ATTENTION: Minor Major Serious

4A WHAT IS THE HAZARDOS CONDITION OR UNSAFE ACTIVITY: _____

4B EXPLAIN WHY IT IS A HAZARDOUS CONDITION OR UNSAFE ACT: _____

For Local 353 Representative and Venue Representative Only

5A WHAT WAS DONE ABOUT THE UNSAFE CONDITON OR ACT: _____

6 WHO REPAIRD THE CONDITION OR RESOLVED THE UNSAE ACT: _____

7 DATE CONDITION WAS CORRECTED: _____

Local 353 Rep Signature:

DATE:

Venue Rep Signature:

DATE: