

**USAF HAZARD REPORT**HAZARD REPORT NO. (Assigned by  
Safety Office)**LEAVE BLANK**I. **HAZARD** (To be completed by individual reporting hazard.)

TO: CHIEF OF SAFETY (Organization and location)

FROM: (Optional - Name, Grade and Organization)

Installation SE Office

JOHN DOE, SSgt

TYPE - MODEL, SERIAL NUMBER, A.G.E./MATERIAL/FACILITIES/PROCEDURE OR HEALTH HAZARD INVOLVED

**GIVE ALL INFORMATION ON WHERE THE HAZARD IS LOCATED, WHAT PIECE OF EQUIPMENT IS THE HAZARD, OR WHAT PROCEDURE IS A HAZARD.**

DESCRIPTION OF HAZARD (Date, Time, SUMMARY - Who, What, When, Where, How)

**WHEN (DATE AND TIME) WAS THE HAZARD DISCOVERED?****GIVE A DETAIL DESCRIPTION ON THE HAZARD. (WHO, WHAT, WHEN, HOW)****IF IT AFFECTS FLIGHT, GROUND, OR WEAPONS SAFETY, REPORT IT.****REPORTABLE HAZARDS INCLUDE UNSAFE PROCEDURES, PRACTICES, OR CONDITIONS.**

RECOMMENDATIONS (Originator - Not Mandatory)

**HOW DO YOU PROPOSE TO CORRECT THE PROBLEM?****THIS FORM IS LOCATED IN AF ePUBLISHING: <http://www.e-publishing.af.mil/>**

DATE RECEIVED

REVIEWING PERSON (Typed or printed  
name, grade, and position or title)

SIGNATURE

DESIGNATED OPR

DATE FORWARD

**LEAVE BLANK**

SUSPENSE DATE