

# OCCURRENCE REPORT / HAZARD IDENTIFICATION REPORT FORM

Complete items 1-5 and submit to a PMAS staff member.



<b>1. Description of Occurrence/Hazard</b>	
<b>2. Location of Occurrence/Hazard</b>	
<b>3. Time/Date of Occurrence/Hazard Identification</b>	
<b>4. Recommended Preliminary Corrective Action</b>	
<b>5. Contact Information</b>	
Name: _____	<input type="checkbox"/> Tenant <input type="checkbox"/> Contractor <input type="checkbox"/> Tower Staff
Signature: _____	<input type="checkbox"/> General Public <input type="checkbox"/> Other: _____
Phone #: _____	Email: _____
<b>OFFICE USE ONLY</b>	
Received by: _____	Signature: _____
Date: _____	Submitted to: _____
<b>REPORT DOCUMENTATION</b>	
<input type="checkbox"/> Occurrence	Report No: _____
<input type="checkbox"/> Hazard Identification	Report No: _____