

## Employee Instructions for Reporting Hazards

The Office of State Human Resources encourages state employees to use the Flag The Hazard Reporting Tool to report workplace safety hazards to their employer. Submitted forms will be reviewed by agency/university safety leader(s) and OSHR safety staff for actions that can be taken to minimize or eliminate hazards.

To access the Tool, click on this link: NC OSHR: Flag The Hazard Reporting Tool

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NC Office of Human Resources * Home						
Hazard Reporting						
Fields with an asserisk are required. Fields without an asserisk are optional; however, you will not receive status updates if you do not complete the optional fields.						
	Employee name	Employee work email address				
	Optional'	Optional				
	Employee work phone number	Employee supervisor name				
	Optional	Optional				
	Employee supervisor phone number	Agency*				
		Administrative Office of the Co	ourte 🗸			
	Optional (					
	Hazard Information					
	Address of hecard *					
	Location description *					
	Room namelinambers or provintly to landmark					
	Type of hazard *	Property damage				
	Chemicalibiological bazard	Silphyphal				
	Electrical hazard	<ul> <li>Strike against moving or static</li> </ul>	anery abject			
	Environmental (animal, insect, heat/cold)     Equipment and tools	Other				
	Near hitness miss					
	Detailed description of hazard observed *					
			1			
			11			
	Attach pictures or video (if available)					
	Uplaid or drag files here.					
	Has corrective action been taken? Ves. • No					
	5-4					



## **Hazard Reporting**

1. Enter employee/	Fields with an asterisk are required. Fields without an aste complete the optional fields.	arisk are optional; however, you will not receive status updates if you do not		
supervisor information.	Employee name	Employee work email address		
Employee and supervisor				
fields are optional for	Optione/	Optional		
anonymous reporting.		approximation of the second seco		
Anonymous reports will not	Employee work phone number	Employee supervisor name		
receive feedback from the				
supervisor and/or OSHR	Optional	Optional		
Safety Staff.	Employee supervisor phone number	Agency *		
		Administrative Office of the Courts		
	Optione/			
	Hazard Information			
	Address of hazard *			
	Location description *			
2 Enter charific hazard				
2. Enter specific hazard information.	Room name/numbers or proximity to landmark			
•	Type of hazard *			
	Pedestrian safety	O Property damage		
	Chemical/biological hazard	Slip/trip/fall		
	<ul> <li>Electrical hazard</li> </ul>	<ul> <li>Strike against moving or stationery object</li> </ul>		
	<ul> <li>Environmental (animal, insect, heat/cold)</li> </ul>	Other		
	<ul> <li>Equipment and tools</li> </ul>			
	Near hit/near miss			
	Detailed description of hazard observed *			
		1.		
<ol><li>Attach pictures and/or</li></ol>	Attach pictures or video (if available)			
videos (optional).	Upload or drag files here.			
•				
4. Indicate whether	Has corrective action been taken?			
corrective action has been				
taken.				
5. Click submit.	Submit			