

# CLECO Hazard Reporting Form

## General Information

Name of Submitter \* Is submitter different than the person who actually identified the hazard?

Yes  No

Line of Business \* ▼

Hazard Identification Location \* ▼

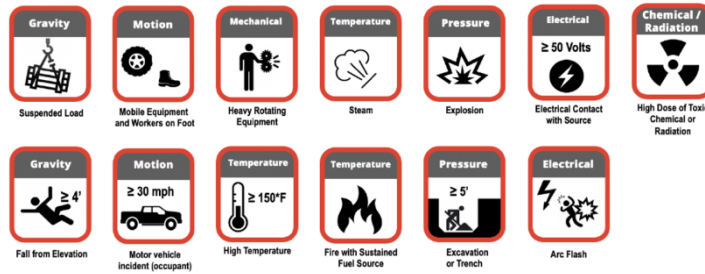
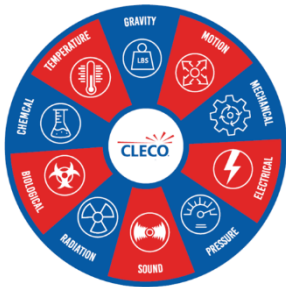
Company \*

Cleco  Contractor

Contractor ▼ Project \_\_\_\_\_

## Hazard Report

Hazard Identified: What did you see? (Example: Trip Hazard) \*



Potential High Energy Hazard

- Gravity - Suspended Load  Motion - Mobile Equipment and Workers on Foot  Mechanical - Heavy Rotating Equipment  Temperature - Steam
- Pressure - Explosion  Electrical - Electrical Contact with Source  Chemical / Radiation - High Dose of Toxic Chemical or Radiation
- Gravity - Fall from Elevation  Motion - Motor vehicle incident (occupant)  Temperature - High Temperature
- Temperature - Fire with Sustained Fuel Source  Pressure - Excavation or Trench  Electrical - Arc Flash  Sound - Stuff that's Loud
- Biological - Stuff that's Living

Detailed description of the Hazard Identified: \*

Were you able to do anything to correct or remediate the hazard?

Select one

Yes  No

Upload Photo

## Follow-up Actions

Was a Work Order created to address the hazard identified?

Select one

Yes  No  N/A

Would you like a follow-up on this submission from someone on the Employee-Led Safety Committee or Safety Department?

Select one

Yes  No