

Form HS-32-A	ARKANSAS WORKERS' COMPENSATION COMMISSION HEALTH & SAFETY DIVISION 324 Spring Street, Little Rock, AR 72201 Mail: P. O. Box 950, Little Rock, AR 72203-0950 501-682-3930 / 1-800-622-4472	HS-32-A
Ark. Code Ann. §11-9-409 & AWCC Rule 32 Rev. 1-1-2008		

AWCC File No. _____

Hazard Survey Report

Employer Information				
1) Company name:				
2) Mailing Address:		3) City:	4) State:	5) Zip:
6) Physical Address:		7) City:	8) State:	9) Zip:
10) Employer Representative:		11) Title:		
12) Address:		13) City:	14) State:	15) Zip:
16) Telephone no.: ()		17) Fax no.: ()	18) e-Mail:	
Consultant Information				
19) Name:		20) Address:		
21) AWCC/APSS no.:		22) City	23) State:	24) Zip:
25) Telephone no.: ()		26) Fax no.: ()	27) e-Mail:	
Identification of Hazards				
28) List hazards, reference, recommendations and anticipated correction date for deficiencies found during consultation (use additional sheets if necessary).				
No.	Hazard	Reference	Recommendation(s)	Targeted Correction Date
29) Employer Representative signature: _____			Date: _____	
30) Consultant signature: _____			Date: _____	