REPORT A HAZARD/UNSAFE CONDITION		
Complete this form online at http://www.retailassociationservices.com		
1. Name of Business you work for:	Date hazard identified/recognized by you: Unknown Date:	Date hazard reported: Unknown Date:
4. Business Location/Address:	5. Location and description of the hazard/unsafe condition:	
6. Business Phone #:	Have employees been injured from the hazard or condition in the past? Yes No	
8. A supervisors name that would have the most knowledge of the hazard or condition that you are reporting:		
Name:	Phone	
(Optional) Your Name and Contact Information:	Phone:	

618 S. Quince St. SE
P.O. Box 2227
Olympia, WA 98507-2227
(360)-943-1032 FAX
administration@retailassociationservices.com

Complete online at http://www.retailassociationservices.com

Or, fax completed form to 360-943-1032

Or mail to: Washington Retail Assoc., P.O. Box 2227, Olympia, WA 98507-2227

Or email to: administration@retailassociationservices.com

SUBMIT ONLINE NOW

1. Save to your Computer

2. Upload to RASI ===>