



## REPORT OF UNSAFE CONDITION OR HAZARD

This form is for use by any faculty, staff, or volunteer who wishes to provide a safety suggestion or report a hazardous workplace condition or practice. Fill in all requested information.

Site \_\_\_\_\_ Department/Room No. \_\_\_\_\_ Date: \_\_\_\_\_

**Given to:** \_\_\_\_\_ Dept. Supervisor \_\_\_\_\_ District Safety Committee \_\_\_\_\_ Risk Mgt. Office

**Subject:** \_\_\_\_\_ Hazard Report \_\_\_\_\_ Safety Suggestion

### DESCRIPTION OF SAFETY SUGGESTION OR HAZARD

Specific Location of Hazard: \_\_\_\_\_

Building: \_\_\_\_\_ Floor: \_\_\_\_\_ Room: \_\_\_\_\_

Date and time the condition or hazard was observed: \_\_\_\_\_

Description of unsafe condition or hazard: (Be as specific as possible. Attach photos if possible.) \_\_\_\_\_

What changes would you recommend to correct the condition or hazard? \_\_\_\_\_

**OPTIONAL:** Complete if you want a written response. (If you wish to remain anonymous, do not complete this section.)

Employee Signature: (Optional) \_\_\_\_\_ Date: \_\_\_\_\_

**Note:**

1. Employees are advised that use of this form or other report of unsafe conditions or practices is protected by law.
2. Risk Management will investigate all reports or questions submitted and if requested will provide a written response to the employee who provided the information or the workers in the affected area.

### MANAGEMENT/SAFETY COMMITTEE INVESTIGATION

Name of person investigating the unsafe condition or hazard: \_\_\_\_\_

Results of the investigation: (What was found? Was the condition unsafe or a hazard?) (Attach additional sheets if necessary.)

Proposed action to be taken to correct unsafe condition or hazard: (Complete and attach a Hazard Correction Report form, IIPP Appendix D.) \_\_\_\_\_

Signature of Investigator: \_\_\_\_\_

Date: \_\_\_\_\_

IIPP – Appendix C  
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- Route this form where appropriate to the appropriate supervisor, department, Risk Management and/or the District Safety Committee.
- Maintain a copy in your file for at least two years.