

General Safety Program & Responsibilities – Form 3 Hazardous Condition Report Investigation

Information completed in this report is in response to a Hazardous Condition Report filed by PCC employees. Attach additional/supporting documents as needed.

Department		Campus		Date of Report	
Safety Committee:				Response Due Date:	
File Number:		Imminent Risk:		Exact Location:	
Summary: Describe the alleged hazardous condition. Include all details, machinery, objects, or substances involved, etc.					

RESOURCES

Position	Name	Date
Dept. Manager/Dean		
Human Resources		
Facility Management Services		
Risk Services		
Public Safety		
Other		

SITE OBSERVATIONS:

Date of observation		Completed by	
Reported hazards (mark yes or no as observed)			
			Yes
			No
Other:			
Please list hazard controls currently in place:			
Engineering Controls:			
Administrative Controls:			
Personal Protective Equipment and/or Source Control:			
Other:			

General Safety Program & Responsibilities – Form 3 Hazardous Condition Report Investigation

Recommended Corrective Action

(To be completed by EH&S)

CORRECTIVE ACTIONS:

Indicate below any recommended corrective actions being taken:

Unsafe Act:	Unsafe Condition:	Follow up needed:
Ergo assessment	Remove	Testing/sampling
JSA Development	Guard	Safety program update
Training/retraining	Warn/signage	Training
HR Referral	FMS Referral (repair/replace)	Risk Services referral
Other:		

REMARKS:

What are the department manager's plans for action?
What follow-up is needed from EH&S?
Further recommendations?

CAMPUS SAFETY COMMITTEE REVIEW:

Recommendations: Yes: _____ No: _____

Comments/Recommendation Details: _____

SIGNATURES:

Safety Committee Chair:		Date:	
Immediate Supervisor:		Date:	
EH&S Manager:		Date:	

Return this form to: Environmental Health & Safety, SY CSB 314