

General Safety Program & Responsibilities – Form 2: Hazardous Condition Report

Hazardous Condition Report

Instructions: Use this form to report a hazardous health, safety or environmental condition

1. Date of report: _____ File #: _____

2. Name, work address & phone number of employee reporting (optional): _____

3. The hazardous condition was 1st noticed _____ or occurred _____ (*check one*) on
 Date: _____ Time: _____

4. Location of hazardous condition: Campus/Center: _____
 Building: _____ Room/Location: _____

5. Describe hazardous condition by including the following details:
Who, what, where, when, why, how, injuries, people or property at risk, witnesses

6. Suggestion to correct hazard: _____

7. Send completed report via intercampus mail to: EH&S at SY CSB 314

*** OFFICE USE ONLY ***

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