

General Safety Program & Responsibilities – Form 4: 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 ***

Distribution:			
Date Sent:		# of Pages Sent:	Work Copy:
File:	Federation:	Executive Dean:	CSAC Chair:
Person(s) Reporting:			Other:
Computer:	Status:	Date Received:	