

# General Safety Program & Responsibilities – Form 5 Hazardous Condition Report

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

<b>Department</b>		<b>Campus</b>		<b>Date of Report</b>	
<b>Safety Committee:</b>				<b>Response Due Date:</b>	
<b>File Number:</b>		<b>Imminent Risk:</b>		<b>Exact Location:</b>	
<b>Summary:</b> 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	
<b>Reported hazards (mark yes or no as observed)</b>			
			Yes
			No
Other:			
<b>Please list hazard controls currently in place:</b>			
Engineering Controls:			
Administrative Controls:			
Personal Protective Equipment and/or Source Control:			
Other:			

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## 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