General Safety Program & Responsibilities – Form 5 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:	

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