

REPORT OF SAFETY HAZARD OR CONCERN

Please fill out the information below and submit the completed form to the campus Department of Environmental Health & Safety (SA 1600). You can remain anonymous by not providing your name/contact information. However, providing this information will allow us to update you on the status.

Name (optional)	Date	Supervisor's Name	Department

Describe the workplace condition:

Health and/or Safety Hazard(s):

Suggestion(s) for minimizing or eliminating the hazard(s):

The below is the response to the reported hazard(s).

Action(s) taken to correct: