**Date:**

**Subject:**

Hazard Report  Safety Suggestion

**Condition:**

Fire Safety  Chemical  Physical Safety

Walkway/Road Safety  Transportation  Environmental

Other

**Potential Injury:**

Trip, Slip, Fall  Struck by Object  Cuts, Abrasion

Exposure  Strain, Sprain  Electrical

Other

**Hazard Location (building, room, other description):**

**Description of Hazard:**

**Suggestion for Improving Safety/Correction of Hazard:**

**OPTIONAL:** Complete this section if you want a written response. (If you wish to remain anonymous, do not complete this section)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Employee Signature Date

**Print Name:**      

Extension

**Department:**

**Notes:**

1. Employees are advised that use of this form or other report of unsafe conditions or practices is protected by law. It is unlawful for the employer to take any action against an employee in reprisal for exercising rights to participate in communications involving safety.
2. Risk Management and Administrative Services will investigate all reports or questions submitted and, if requested, will provide a written response to the employee who provided the information or the workers in the affected area.