

## EMPLOYEE SAFETY SUGGESTION OR REPORT OF HAZARD FORM

This form is for use by any faculty, staff, or volunteer who wishes to provide a safety suggestion or report a hazardous workplace condition or practice. Complete this form and return to your manager or Risk Management.

Date:					
Subject:	Hazard Report	Safety Sugge:	stion		
Condition:	Fire Safety	Chemical	Physical	Safety	
	☐ Walkway/Road Safety	Transportation	Environr	mental	
	Other:				
Potential Injury:	Trip, Slip, Fall	Struck by Obje	ct Cuts, Ab	orasion	
	Exposure	Strain, Sprain	☐ Electrica	I	
	Other:				
Location of Hazard (Building, Room, Other description):					
Description of Hazard:					
Suggestion for Improving Safety/Correction of Hazard:					
ODTIONAL. Complete this section if you want a written recognic. (If you wish to remain anonymous, do not complete this section)					
OPTIONAL: Complete this section if you want a written response. (If you wish to remain anonymous, do not complete this section)					
Employee Signature			Print Name		
	Department		Extension		
would be illeg					
	k Management and Administrative Services will investigate all reports or questions submitted and, if requested, will vide a written response to the employee who provided the information or the workers in the affected area.				
			Risk Management Use Only:		

Hazard Classification: ☐ High ☐ Moderate ☐ Low