



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: 5/26/22			
Subject:	<input checked="" type="checkbox"/> Hazard Report	<input type="checkbox"/> Safety Suggestion	
Condition:	<input type="checkbox"/> Fire Safety	<input type="checkbox"/> Chemical	<input type="checkbox"/> Physical Safety
	<input type="checkbox"/> Walkway/Road Safety	<input type="checkbox"/> Transportation	<input type="checkbox"/> Environmental
	<input type="checkbox"/> Other:		
Potential Injury:	<input checked="" type="checkbox"/> Trip, Slip, Fall	<input type="checkbox"/> Struck by Object	<input type="checkbox"/> Cuts, Abrasion
	<input type="checkbox"/> Exposure	<input checked="" type="checkbox"/> Strain, Sprain	<input type="checkbox"/> Electrical
	<input type="checkbox"/> Other:		
Location of Hazard (Building, Room, Other description): North-west corner of building 9A.			
Description of Hazard: Broken cover could be either water or irrigation valve box.			
Suggestion for Improving Safety/Correction of Hazard: Replace the broken cover. I placed the sandbag on top the broken cover.			

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

Note:

1. Employees are advised that the use of this form or other report of unsafe conditions or practices are protected by law. It would be illegal 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.

Risk Management Use Only:
 Routed to: _____
 Hazard Classification: ☐ High ☐ Moderate ☐ Low





Work Order ID	56155	Craft Carpentry	Completion Date	6/22/2022				
Description	Irrigation staff requests plywood to cover broken valve box.							
Location	Bldg 09A-Bookstore/Auxil	Request Date	6/24/2022					
Building		Status	Closed Work Orders					
Area	Other	Priority	Medium					
Area Number	Outside planter area	Purpose Code	Maintenance					
Equip Item No.		Budget Code						
Equip. Desc		Requester	David Casto					
Assigned To	Casto, David	Requester Phone						
Notes								
Labor	To Date:	1.00 h	Purchases	To Date:	\$0.00			
Date	Name	Hrs	Date	PO	Description	Supplier	Qty	Cost Each
			Inventory		To Date: \$0.00			
			Date	Item No	Description	Qty	Pool	
Action Taken	Cut plywood to size and put in place outside of 9A							