



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:	<input 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 type="checkbox"/> Trip, Slip, Fall	<input type="checkbox"/> Struck by Object	<input type="checkbox"/> Cuts, Abrasion
	<input type="checkbox"/> Exposure	<input type="checkbox"/> Strain, Sprain	<input type="checkbox"/> Electrical
	<input type="checkbox"/> Other:		
Location of Hazard (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	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