



REPORT OF UNSAFE CONDITION OR HAZARD

Employee's Name: _____

Note: Employees may submit this form anonymously to their supervisor or through the A.S. Office (third floor, Conrad Prebys Aztec Student Union, Room 320). Attention HR Department.

Job Title: _____

Location of Condition Believed to be Unsafe or Hazardous:

Date and Time Condition or Hazard Observed:

Description of Unsafe Condition or Hazard:

What Changes Would you Recommend to Correct the Condition or Hazard?

OPTIONAL:

Signature of Employee: _____ Date: _____

FOR OFFICE USE ONLY

Name of Person Investigating Report: _____

Results of Investigation (What was found? Was condition unsafe or a hazard?) (Attach additional sheets, if necessary):