

REPORT OF UNSAFE CONDITION OR HAZARD

Date: _____
Name: (optional) _____
Job Title (optional): _____
Phone #/Email/Mail Stop: (optional): _____
Department: _____
Dean/Director/Chair Name and email address _____
Location of Hazard: _____
Building: _____ Floor: _____ Room: _____
Date and time the condition or hazard was observed:

Description of unsafe condition or hazard:
(Attach additional sheets if necessary) _____

What changes would you recommend to correct the condition or hazard?

Employee Signature: (optional) _____

Management/Safety Coordinator/Safety Committee Investigation

Name of person investigating unsafe condition or hazard:

Phone #/Email/Mail Stop: _____
Result of investigation (What was found? Was condition unsafe or a hazard?):
(Attach additional sheets if necessary.) _____

Proposed action to be taken to correct hazard or unsafe condition:
(Complete and attach a Hazard Correction report)

Signature of Investigating Party: _____
Date: _____

Instructions

1. *Report unsafe conditions and hazards promptly!* Submit the form as soon as possible.
EH&S/RM M/S PO 140, email: lisak@csufresno.edu, or fax (559) 278-1153
2. Complete all parts of the form clearly and completely. Incomplete reports may delay processing.
3. If you have questions while completing this form, contact us at (559) 278-7422.

Note: Cal-OSHA regulations require that employees be provided with a method to report hazards anonymously. Anonymous reporting, although permitted, is not encouraged because we will not be able to ask questions to assist with an investigation. Additionally, we may not be able to provide a report of our findings.