



REPORT OF UNSAFE CONDITION OR HAZARD

(*) Optional fields. 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.

Please submit this form to your supervisor or to Human Resources (Bookstore Building, Suite 3900/Campus Zip: 6063)

Name (*): _____ Date: _____

Job Title: _____ Department: _____

Location of Unsafe Condition or Hazard:

Date and Time Unsafe Condition or Hazard Observed:

Description of Unsafe Condition or Hazard:

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

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)

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

 Signature of Investigating Party

 Date

*Please forward a copy to Human Resources (Bookstore Building, Suite 3900/Campus Zip: 6063)