

**REPORT OF UNSAFE CONDITION OR HAZARD**

Campus \_\_\_\_\_ Department \_\_\_\_\_

**UNSAFE CONDITION OR HAZARD**

Name: (optional) \_\_\_\_\_

Location of Hazard: \_\_\_\_\_

Building: \_\_\_\_\_ Floor: \_\_\_\_\_ Room: \_\_\_\_\_

Date and time the condition or hazard was observed: \_\_\_\_\_

Description of unsafe condition or hazard: (Be as specific as possible. Attach photos if possible.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Employee Signature: (optional) \_\_\_\_\_

Date: \_\_\_\_\_

**MANAGEMENT/SAFETY COMMITTEE INVESTIGATION**

Name of person investigating the unsafe condition or hazard: \_\_\_\_\_

Results of the investigation: (What was found? Was the 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 form, IIPP Appendix D) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature of Investigator: \_\_\_\_\_

Date: \_\_\_\_\_

IIPP – Appendix C Revised 2/2008	<ul style="list-style-type: none"><li>• Route this form to the appropriate supervisor and department, campus Business Office (if appropriate), Risk Management, the campus safety committee.</li><li>• Maintain a copy in your file for at least one year.</li></ul>
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