

## REPORT OF UNSAFE CONDITION OR HAZARD

Employee's Name: \_\_\_\_\_

Note: Employees may submit this form anonymously to their supervisor or through the A.S. Business Office (lower level, Aztec Center, Room 168).

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):