PACIFIC LUTHERAN UNIVERSITY
SAFETY HAZARD REPORTING FORM

Send this report to the Pacific Lutheran University Safety Coordinator. If this is an urgent safety concern, please contact the Safety Coordinator, your supervisor, or a Safety Committee representative immediately.

Reported by _____ Date Reported ____/____/____

Title _____

Department _____

Telephone _____

LOCATION OF UNSAFE CONDITION

Building / Campus Location _____ Department _____

Floor _____ Room _____

UNSAFE CONDITION OR HAZARD *(Describe in detail, include any objects or equipment involved in the condition.)*

CORRECTIVE ACTIONS PROPOSED *(Give your suggestions for ways to correct the unsafe condition reported.)*

SIGNATURE OF SUPERVISOR or CHAIR _____ **DATE** ____/____/____

RESPONSE **DATE REPORT RECEIVED** ____/____/____

Investigation Done By _____

Investigation Results:

Corrective Actions Taken:

DATE ACTION COMPLETED ____/____/____ **SIGNATURE** _____

Safety Coordinator

Please make and return a copy for you and your Supervisor.