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.