

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 _____
Title _____
Department _____
Telephone _____

Date Reported ____/____/____

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.