### Appendix M: Hazard Report Form

### Any hazardous condition identified by an employee or student should be reported as soon as possible.

After filling out the form, give to the Chair of the Department, 312A Sims, or to the department safety officer, 109B Sims or the departmental secretary, 101 Sims**.**

|  |  |
| --- | --- |
| **Date:** Click here to enter a date. |  |
| **Department:** Click here to enter text. |  |

**Location of hazard** **(room number, hallway, stairwell, etc.):** Click here to enter text.

**Your name (unless you prefer to remain anonymous:** Click here to enter text.

|  |  |
| --- | --- |
| **R received by:** Click here to enter text. | **Date:** Click here to enter text. |

**Action taken:** Click here to enter text.

|  |  |
| --- | --- |
| **Issue solved by** Click here to enter text. | **Date:** Click here to enter text. |

|  |  |
| --- | --- |
| **Signature of Chair:** | **Date:**Click here to enter a date. |
| **Comments:** Click here to enter text. |  |