EMPLOYEE / STUDENT REPORT OF UNSAFE CONDITION OR HAZARD

Complete and return this form to Michael Kumpf (mail box in Department of Chemistry Faculty Mailroom)

Name: _____________________________________

OR

Supervisor/PI Name: __________________________

Location of condition believed to be unsafe/hazardous: Building & Room: ________________________

Date and time the condition or hazard was observed: __ / __ / ____

Description of unsafe condition or hazard:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

What changes would you recommend to correct the condition or hazard?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________