CSU, Chico Research Foundation

REPORT OF SAFETY HAZARD

Section 1 To Be Completed By Employee

Brief Description of Hazard/Health and Safety Issue

Include details, if any, of immediate action taken to ensure the safety of persons who may be affected.

Where is the Hazard Located?

Date/Time Hazard Identified:

Recommended Action to Be Taken

Recommended Completion Date:

Section 2 To Be Completed By Employer

Date/Time Report Received:

Employer Response/Action To Report

The safety issue has been resolved and the employees are safe to work in the area. Yes No

Date/Time of Corrective Action Completion:

The employees may continue to work in the area with the following restrictions. Yes No

The safety issue prohibits employees from working in the area. Employees should be assigned to an alternate work location.

To Be Completed By Both The Employee and the Employer

Employee Name: Job Title:

Work Location: Employee Signature:

Employer Name: Job Title:

Work Location: Employer Signature:

To Be Completed By The Safety Committee

Date Report Reviewed:

Committee Agrees With Action Taken ☐ Yes ☐ No If “yes” sign below If “No” Additional Action Taken:

Responsibility of Completion Assigned To:

Committee Chair Name: Signature: