

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO
OFFICE OF ENVIRONMENTAL HEALTH & SAFETY (EH&S)

EMPLOYEE SAFETY SUGGESTION/HAZARD REPORT *

This form is for use by any employee who wishes to provide a safety suggestion or report a hazardous workplace condition or practice. Complete this side of this form; check appropriate boxes and fill in requested information.

Date: _____

Given to:

Supervisor

Dept. Safety Committee

EH&S
Box 0942; Fax 476-0581

Subject:

Hazard Report

Safety Suggestion

Condition:

Biological

Chemical

Radiation

Fire Safety

Physical Safety

Potential Injury: Trip, Slip, Fall

Struck By

Strain, Sprain

Cuts, Abrasion

Chemical Burn

Heat Burn

Electrocution

Exposure - Biological

Exposure - Chemical

Exposure - Radiation

Location of Hazard (building, room, other description): _____

Description of Hazard (include whether it is CHEMICAL, BIOLOGICAL, PHYSICAL, etc.): _____

Suggestion for Improving Safety / Correction of Hazard: _____

**OPTIONAL - COMPLETE IF YOU WANT A WRITTEN RESPONSE.
(IF YOU WISH TO REMAIN ANONYMOUS, DO NOT COMPLETE THIS SECTION.)**

Employee Name: _____ Telephone Number: _____
Department: _____

* NOTE:

1. Employees are advised that use of this form or other reports of unsafe conditions or practices are protected by law. It would be illegal for the employer to take any action against an employee in reprisal for exercising rights to participate in communications involving safety.
2. EH&S will investigate all reports or questions submitted and provide a written response to the employee who provided the information or the workers in the affected area.