

WEST VALLEY-MISSION COMMUNITY COLLEGE DISTRICT

SAFETY OR HEALTH HAZARD REPORT

This form is for reporting observed safety or health hazards or a hazardous procedure which you believe to exist on campus. When you have completed Part I, remove the last copy for your records and submit the remaining copies to your immediate supervisor, department chair or division chair. If a hazardous condition exists call District Facilities (x4121) as well as completing this form.

Part I (to be completed by employee)

Person reporting hazard: _____ ext: _____ Date and time of report: _____

Check appropriate box:

Hazardous Condition (call x4121 to report) Hazardous Procedures Health and Safety Concern

Location of incident or event (be as precise as possible): _____

Did you contact (or leave message) at District Facilities office (x4121) of this condition? (check) YES NO

Description of hazard, condition or procedure (be as detailed as possible):

Your recommendation (how you think this hazard, condition or procedures could be eliminated or prevented in the future):

Part II (to be completed by Supervisor, Department Chair)

Complete this portion within 3 work days from receipt. Last copy is to be retained for your records, second copy returned to originator of report and original sent to District Facilities office.

If the above document hazard, condition or procedure exists in a department other than your own, indicate the person to whom this form has been forwarded and the date it was forwarded.

Forwarded to: _____ Date: _____

For a hazardous condition, did you confirm that District Facilities (x4121) has been notified? (Check) YES NO

Hazard, condition, or procedure (if still existing) observed and confirmed on: _____

Date

by _____

Signature of Supervisor, Department Chair

Part III: (to be completed by Facilities Supervisor or Department Supervisor (procedures))

Document action taken to mitigate, resolve, or eliminate hazard, condition or procedure.

Include dates of completion.

Signature of Facility Supervisor

Date

Department Supervisor

Date