



Hazardous Condition Form

*Reported by: _____ *Date: _____

The undersigned:

Employee Employer Representative of an Employee Group
 Safety and Health Committee Other: _____

Believes that a violation of an occupational safety or health standard exists, which is a job safety or health hazard of the college.

Contact Information:

*Complainant Name: _____ Phone: _____
Address: _____ City, State, Zip: _____

If you are an authorized representative of employees affected by this complaint, please list the name of the organization that you represent and your title.

Organization Name: _____ *Your Title: _____

*Hazard Description: _____

*Hazard Location: _____

*Who did you contact? _____

Incident Report Filled Out: Yes No

** Indicates required field*

Please submit this form to the Facilities and Operations Department, Downtown Campus, Room M112.