

Unsafe Workplace Condition Report



Name of Person Completing This Report

Name: _____

Today's Date: _____

Department: _____

Title: _____

Other: _____
/ Visitor

Please check one: Employee Student

Phone #: _____

Campus Location

Campus: _____

Building: _____ Room: _____

Damage Information

Date of Damage: _____

Location: _____

Building#: _____

Room#: _____

Describe the unsafe condition and the situation, activity, etc., that drew attention to the unsafe condition.

Did injury/illness or property damage occur?

List the object(s), substance(s), circumstances, etc., directly responsible for contributing to an unsafe condition.

Recommendation for corrective action.

Additional comments:

To Be Completed By Risk Management:

Investigation Status (forwarded to): _____

Pending

Complete

Result of Investigation: _____

Signature

Date

Please submit completed form to Risk Management located in Building 155, Room B106. Inquiries may be directed to Risk Management at 254-526-1347.