

UNIVERSITY OF ST. MICHAEL'S COLLEGE

HAZARD REPORT

The University of St. Michael's College gives all employees the opportunity to report health and safety concerns which they believe may affect themselves or other employees and the University of St. Michael's College campus.

Section A. Employee Completes this Section

Name of Employee: _____ Date: _____

Employee Signature: _____

Name of Supervisor: _____

Location(building, room, area): _____

Description of Concern:

Section B. Supervisor Completes this Section

Hazard Control Action Plan (include what, how, and who implements required corrective action items):

Hazard Rating: Major (potential to cause death, critical injury, or lost time)
Moderate (potential to cause injury requiring medical attention)
Minor (potential to cause injury requiring first aid)

Signature:

Date:

Please forward completed form to Human Resources