Hazard Report

Use this form to report a hazard or near miss that could potentially result in injury, illness, motor vehicle accidents, hazardous spills, or property damage.

Do not use this form to report incidents or conditions which have already resulted in injury, illness, motor vehicle accidents, hazardous spills, or property damage. Use the Accidental Injury/Occupational Illness form to report those issues.

(Please Print)

Note: you may report anonymously but contact information is helpful in the event of the need for investigation.

Name:_________________________  □ Employee  □ Student Worker  □ Student
□ Volunteer  □ Graduate Student  □ Visitor/Other

Telephone:____________________  Campus Telephone:____________________

Date of observation:__________  Time of observation__________ AM / PM

Exact location:___________________

Describe the hazard in full detail (what, how, where, machinery involved, etc.):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Hazard reported to (optional): ____________________________________________

In your opinion, what could be done to correct it?______________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Date submitted:______________

Return to: Environmental Health and Safety
Environmental Studies 72 Mail Stop 9070
Bellingham, WA 98225-9070
(360) 650-3064 □ Fax 650-6514