

SAFETY/SECURITY CONCERN REPORT

NOTE: PRIOR TO FILING THIS REPORT YOU MUST TRY TO REMEDY THE SITUATION THROUGH NORMAL CHANNELS (I.E. INFORM YOUR SUPERVISOR, FILE A WORK ORDER, ETC.)

Name: _____ Date: _____
Dept: _____ Work Location: _____

1a. Describe the nature and location of the existing safety/security concern:

1b. What action(s) should be taken to correct the safety/security concern?

2. When did you inform your supervisor or manager of the safety/security concern?
Date: _____

3. Was a work order filed?
Yes: _____ No: _____ Date: _____ Unknown: _____

4. Have you seen results?

5a. Has anyone to your knowledge suffered any adverse health effects (illnesses or injuries) that you suspect may have been caused by the condition? (Check one)
Yes: _____ No: _____ Date: _____

5b. If "yes", please explain:

6a. Who is potentially exposed to this safety/security issue? (Employees performing which duties, the public, students, etc.)

6b. Please explain:

Submit to: Julius Raichle, Chairperson, Safety & Security Advisory Committee, Facilities Management Building, ext. 2441, jraichle@ocean.edu

Safety Committee Action:
