LABOR/MANAGEMENT HEALTH AND SAFETY REPORT FORM

* ***If your health and/or safety concern is causing an immediate danger please call University police at extension 6666.***
* ***Although a name and signature is not required, it would be helpful to the Labor/Management Health and Safety Committee in case additional information is needed.***
* ***PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS!***

**STEP 1: Information about employee (not required as noted above)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | Signature |  | Date |  |

**STEP 2: Identify health and safety concern**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Issue |  | Location |  |

Observer:  Name of Observer(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe, in your own words, the health and/or safety concern (use back of form if needed):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STEP 3: Give one copy of form to supervisor (keep one copy for yourself)**

*If this health and safety concern is not one of immediate danger, allow the supervisor ten (10) business days for response. If the matter has not been brought to closure, please proceed to step 4 below.*

|  |  |  |  |
| --- | --- | --- | --- |
| Supervisor Name |  | Date submitted |  |

Supervisor response \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STEP 4: Give one copy of form to the appropriate office below (keep one copy for yourself; if you are unsure as to which office, feel free to give copy to one or both):**

***\_\_\_\_\_ Environmental Health and Safety (EHS) Office, 5 Bray Hall*** *(mailing address 19 Bray)* ***– for concerns related to physical and chemical occupational hazards.***

***\_\_\_\_\_ University Police Office, 19 Bray Hall – for concerns related to personal safety issues.***

*Note: If this health and safety concern is not one of immediate danger, allow at least (10) business days for response. If the matter has not been brought to closure, please proceed to step 5 below.*

Report submitted to office checked above on date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EHS or UP response \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STEP 5: Submit one copy of form to Chair of Joint Labor/Management Health and Safety Committee**

**(currently Marcia Barber, Human Resources Office, 216 Bray Hall) (keep one copy for yourself)**

Report submitted to HR office on date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee Action \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Please note that the committee meets only periodically)*

**Rev. 2/09**