

Auxiliary Services Safety Concern Report Form

Your safety is a top priority for us! If, however, you have some concerns, please fill out Part A of the following form and submit it to the Auxiliary Services Safety Committee

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The committee will review the concern and respond as quickly as possible. Thank you!

PART A: Completed by the Reporting Individual		Date Submitted: _____	
<i>Please select which applies to you:</i>			
Faculty <input type="checkbox"/>	Staff <input type="checkbox"/>	Student <input type="checkbox"/>	Other (Please Specify) <input type="checkbox"/> _____
Campus Guest/Visitor <input type="checkbox"/>	Department Name (optional): _____		

DESCRIPTION OF CONCERN			
<input type="checkbox"/> Transit – vehicle/bicycle safety, routes, stops, shelters	Please note specific details of the incident below (if applicable):		
<input type="checkbox"/> Facilities – buildings, housekeeping, maintenance	Date:	Time:	
<input type="checkbox"/> Pedestrian Safety (Indoor/Outdoor) – parking lots, walking paths, lighting, walking surfaces (ice, uneven pavement etc.)	Location:		
<input type="checkbox"/> Security – personal safety, violence prevention, building access	Brief Description (please use objective language eliminating opinions/conclusions) :		
<input type="checkbox"/> Indoor/In Vehicle - air quality, ventilation, temperature			
<input type="checkbox"/> Ergonomic Safety - Workstation, Lifting, Posture, Motion			
<input type="checkbox"/> First-Aid, Fire Safety, Exits, Signs, safety equipment			
<input type="checkbox"/> Other			

Suggestions for Correction or Action Already Taken

Contact Information (optional):	
Reported By:	Department:
Contact Phone Number:	Email:
Reported Previously To (if applicable):	

PART B: Completed by Safety Committee					
Date report received:			Date of Committee action:		
Has this complaint been received before?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Comments:					
Hazard Rating – check the one that applies					
A – Major	<input type="checkbox"/>	(Imminent danger, which requires immediate corrective action)			
B – Moderate	<input type="checkbox"/>	(Condition or activity which is not immediately dangerous, but which could be improved with corrective action)			
C - Minor	<input type="checkbox"/>	(Any condition or activity with low possibility of causing harm)			
Corrective Actions Taken or Planned (include specific dates, person assigned to, costs, funding source, etc.)					
OR, Committee disagrees with the concern reported for the following reason(s):					
Follow Up:					
Condition has been corrected:		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Reporting individual has been notified of changes:		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Date implemented:					
Comments:					