

LUZERNE COUNTY COMMUNITY COLLEGE
CAMPUS SECURITY DEPARTMENT

REPORT OF SAFETY HAZARD

This form is to be used by College employees to report possible non-emergency safety hazards on campus. It is for the use of all employees and is not limited to your immediate work area. All information, including the reporting parties name, will be kept confidential. This report is to be filed with the Office of Campus Security as soon as possible.

It is the responsibility of every employee to promote and maintain a safe work environment.

DATE: _____ TIME OF DAY: _____

LOCATION OF POSSIBLE HAZARD: _____

EXISTING CONDITION PERCEIVED TO BE HAZARDOUS:

HAS THIS BEEN REPORTED TO ANYONE?

OTHER COMMENTS:

REPORTED BY: _____

DEPARTMENT: _____ PHONE: _____

RECEIVED BY: _____ DATE: _____

DISPOSITION : _____

