APPENDIX 2

HAZARDOUS CONDITION REPORTING FORM

1. Employee's Name: _____ Date _____
(optional)

2. Department _____ Extension: _____
(optional) (optional)

The employee name, department, and extension are optional in the event that you want to remain anonymous, but please take the time to fill out the rest of this form, UNE wants to know of any hazardous conditions.

3. Location: _____

4. Unsafe condition or practice:

_____

_____

_____

_____

_____

5. Suggestion for improving safety:

_____

_____

_____

_____

_____

Has this matter been reported to your supervisor? Yes _____ No _____

Employees are advised that it would be illegal for an employer to take any action against an employee in reprisal for exercising rights to participate in reporting safety issues.

FORWARD THIS REPORT TO ENVIROMENTAL HEALTH & SAFETY OR CALL (x2488)

Date received by EHSC: _____