HEALTH CONCERN / SAFETY HAZARD / CHEMICAL SPILL REPORT FORM

CHECK APPROPRIATE CONCERN:

HEALTH CONCERN	☐	**SAFETY HAZARD**	☐	**CHEMICAL SPILL**	☐
Immediate	☐	Immediate	☐	Immediate	☐
Probable	☐	Probable	☐	Probable	☐

NAME: (Optional) _____ **DATE:** _____

CAMPUS: _____ **LOCATION / ROOM NO.** _____

DETAILS:

SUGGESTED CORRECTIVE ACTION or ACTION ALREADY TAKEN

IF CHEMICAL SPILL:

Is area sealed off? YES NO

Is the chemical known YES NO Name of chemical if known: _____

NOTE: Never handle chemicals for which you have not been trained. You must use proper personal protective equipment.