

HAZARD REPORT

La Sierra University
Office of Risk Management and ADA

SUBMITTED BY: _____ Date: _____

DEPARTMENT: _____ EXT. _____

DESCRIPTION OF HAZARD (Location; Type of Equipment / Procedure; etc.):

SUBMITTER'S RECOMMENDED CORRECTIVE ACTION

(optional): _____

ACTION TAKEN / RECOMMENDED BY SUPERVISOR:

Please forward this hazard report to your immediate supervisor. The supervisor completes the last block and forwards it to the Director of Risk Management/ADA for a final action/ review. *Hazard Reports may be submitted anonymously or directly to the office of Risk Management and ADA if desired.*

Original – Risk Management,

Copy -- Supervisor