

EASTERN CONNECTICUT STATE UNIVERSITY

SAFETY CONCERN FORM

Part A to be filled out by the employee/student and Section B to be filled out by the Supervisor or RD.

What is the nature of the safety concern?

Campus Location? (Please include building, room number, floor number and as much detail as possible)

Person initiating this request:

Department:

Telephone:

Date of this request:

Did an accident occur?

Was there an injury?

Type of injury?

Was there any damage to property?

Type of damage?

Action taken if any and by whom.

Person reported to.

Date:

Date you were notified

What actions have been taken to correct this problem and by whom?

Attach work order request, Police report, Accident report etc...(If applicable)

Employees signature

Date:

Supervisor's signature

Date:

Facilities Management

Date:

When all information has been completed, please forward a copy of this request to:

Eric Germain

Environmental Health and Safety Coordinator

Eastern Hall, Room 38

**Environmental Health and Safety
Coordinator**

Date received by EH&S:

A

B