

## Report of Hazard, Unsafe or Unhealthful Condition

	File Number:
<b>PART I: Originator Hazard Description</b>	
Date Reported: _____ Campus _____ Building _____ Room Number: _____	
Has supervisor been notified of hazard or unsafe /unhealthful condition?: Yes _____ No _____	
Description of hazard or unsafe / unhealthful condition:	
Proposed Corrective Actions: Date: _____	
Name(Optional): _____ Phone: _____ Org: _____	
<b>Part II: Supervisor / Safety Coordinator / Safety Committee Evaluation:</b>	
Risk Eval. (Mark One): Imminent Danger: _____ Serious: _____ Nonserious: _____	
<i>Imminent danger situations require immediate notification of supervisor. Work shall be stopped until action has been taken to eliminate hazard. Supervisors shall contact EHS and Insurance office at 223-1015.</i>	
Hazard Classification (Mark One) Environmental _____: Fire: _____ Safety: _____	
Safety Assessment (Result of investigation. What was found? Was condition unsafe or hazardous? Attach additional sheets if necessary):	
Safety Recommendations: Date: _____	
Name(Optional): _____ Phone: _____ Org: _____	
<b>Part III: Supervisor Corrective Action</b>	
Planned or actual corrective action(s) (Proposed action to be taken to correct hazard or unsafe condition. Complete and attach a <i>Hazard Correction Report</i> )	
Estimated Completion Date: _____ Actual Completion Date: _____	
Name: Phone: Org: Date: _____ Supervisor Signature: _____	
<b>Part IV: Safety Coordinator Certification</b>	
Department Safety Coordinator: _____ Closure Date: _____	

*\* Note: Any questions, please call the Environmental Health Safety and Insurance Office, x 3-1015; Return completed form to Department Safety Coordinator. Must maintain in department files for 1 year.*

## Instructions for Filing Employee Reports of Hazards and Unsafe / Unhealthful Conditions

Any ACC employee or student has the right and is encouraged to report unsafe or unhealthful conditions that exists in any work place or work environment.

ACC employees are encouraged to verbally report unsafe or unhealthful conditions to their supervisors as soon as the condition is identified. Students are encouraged to report hazards, unsafe / unhealthful conditions to their instructors immediately. This allows for immediate corrections of any problems.

Reports that are submitted in writing shall be filed on a **Report of Hazards and Unsafe / Unhealthful Conditions** describing the hazard and the proposed corrective action suggested. In the case of imminent danger (i.e., the condition immediately threatens serious physical harm), the report should be made by the most expeditious means available to your supervisor or safety representative.

If requested by the employee, the Environmental Health Safety and Insurance Office, or the designee, will not disclose the name of any such person, or the names of the individual employees referred to in the report to anyone other than an authorized representative of the Texas Department of Health.

All ACC employees are protected from restraint, interference, coercion, discrimination or reprisal for exercising any of their rights under the ACC EHS programs.

The Department Safety Coordinator is required to disclose the corrective action with the originator. Each hazard will be at the discretion of the circumstances that surround the condition or hazard. ***It is the policy of ACC not to find fault or blame, rather to correct the hazardous condition and prevent future occurrences.***

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**File number:** Department Safety Coordinator should identify .

### Part 1: Originator Hazard Description

**Date Reported:** Enter today's date

**Location:** Enter the Campus, building and area where the condition exists

**Room number:** Enter the room number or nearest identifiable room number

**Hazard Description:** Enter the act, condition, and/or practice you observed. Give as much detail as possible. Name people to contact for further information who may have observed the hazard, or who committed the unsafe act.

**Proposed Corrective Action(s):** Enter your recommendations on how to correct the hazard.

**Name (optional):** Enter your name. If you wish to not enter your name you will not receive a written reply to your report.

**Phone:** Enter a telephone number where you can be contacted for further information, to discuss the report or to provide you with status reports on abatement actions.

**Organization Code:** Enter your Campus Location and office number in order to receive written replies.

*Once you have completed part one of this form, make a copy for yourself and forward to your Safety Coordinator for evaluation. The Department Safety Coordinator will forward a copy to the area supervisor for action and review.*

*Once the supervisors have taken actions to correct the hazard, they are to give a copy of the report to the employees reporting the hazard, and forward the original to the Safety Official.*