

## HEALTH CONCERN / SAFETY HAZARD / CHEMICAL SPILL REPORT FORM

CHECK APPROPRIATE CONCERN:

<b>HEALTH CONCERN</b> <input type="checkbox"/> Immediate <input type="checkbox"/> Probable <input type="checkbox"/>	<b>SAFETY HAZARD</b> <input type="checkbox"/> Immediate <input type="checkbox"/> Probable <input type="checkbox"/>	<b>CHEMICAL SPILL</b> <input type="checkbox"/> Immediate <input type="checkbox"/> Probable <input type="checkbox"/>
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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.**