



## Safety Observation Notice

Please use this form to report a safety hazard you encounter on campus. If you have questions, please contact your supervisor or CSUSB Environmental Health and Safety at x75179.

### **PART 1: TO BE COMPLETED BY FACILITIES MANAGEMENT STAFF MEMBER**

Name:
Title:
Date:
Safety observation:

Please submit this form to **ONE** of the following (*check one*):

Your supervisor

Environmental Health and Safety Department – *e-mail this form to [allehs@csusb.edu](mailto:allehs@csusb.edu) or deliver to ES-102*

### **PART 2: TO BE COMPLETED BY RECEIVING PARTY**

Name:
Title:
Department:
Date received:
Comments:
Does issue require follow-up? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please name department to follow up:

If **NO** to above: Please forward a copy of this form to the originating party.

If **YES** to above: Please forward this form to the appropriate department to follow up.

**PART 3: TO BE COMPLETED BY FOLLOW-UP PARTY (*if necessary*)**

Name:
Title:
Department:
Date received:
Comments:

Please forward a copy of this form to the originating party and receiving party as specified in Parts 1 and 2.