



College of Chemistry
INJURY & ILLNESS PREVENTION PROGRAM

**EMPLOYEE / STUDENT
REPORT OF UNSAFE CONDITION OR HAZARD**

041707/mck

Complete and return this form to Michael Kumpf (mail box in Department of Chemistry Faculty Mailroom)

Name: _____

OR

Supervisor/PI Name: _____

Location of condition believed to be unsafe/hazardous: Building & Room: _____

Date and time the condition or hazard was observed: __ / __ / ____

Description of unsafe condition or hazard:

What changes would you recommend to correct the condition or hazard?
