



# EMPLOYEE / STUDENT REPORT OF UNSAFE CONDITION OR HAZARD

Complete and email this form to [coc.safety@berkeley.edu](mailto:coc.safety@berkeley.edu)

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:

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

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