SAFETY HAZARD/SUGGESTION REPORT
TEXAS TECH UNIVERSITY
PHYSICAL PLANT

USE THIS FORM FOR ANY OF THE FOLLOWING:

[ ] WORK PROCEDURES   [ ] SHOP CONDITION
[ ] EQUIPMENT IN USE   [ ] JOB SITE CONDITION
[ ] VEHICLE OPERATION  [ ] SAFETY SUGGESTION

**PART I: EMPLOYEE**

PLEASE COMPLETE PART I AND RETURN TO THE PHYSICAL PLANT SAFETY OFFICE. THE EMPLOYEE WILL BE NOTIFIED ONCE ACTION HAS BEEN TAKEN.

DESCRIPTION: _________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
ATTACH A SEPARATE SHEET IF ADDITIONAL SPACE IS REQUIRED.

LOCATION:  (BUILDING) _______________________________________  (ROOM #) _______
(OTHER) ___________________________________________________________

WHAT ACTION DID YOU TAKE TO CORRECT THIS HAZARD?

- [ ] CORRECTED THE HAZARD
- [ ] REFERRED TO SUPERVISOR
- [ ] CALL IN WO# _________________________________________________
- [ ] OTHER ACTION TAKEN: _______________________________________

EMPLOYEE SIGNATURE ___________            SHOP/AREA ___________            DATE ___________

**PART II: CORRECTIVE ACTION**

SUPERVISOR / FOREMAN: REVIEW REPORT, ACTION TAKEN, SIGN AND RETURN TO SAFETY OFFICE WITHIN 5 WORKING DAYS.

ACTION TAKEN: ________________________________________________________________
________________________________________________________________________________

SUPERVISOR/FOREMAN _______________    DATE _______________
SUPERINTENDENT _______________    DATE _______________
DIRECTOR _______________    DATE _______________

Attachment A
PP/OP 02.13
03/25/2010