



**Facilities Department**  
Environmental Health & Safety  
**Hazard Identification Form**

The purpose of this form is to report potentially hazardous situations to the Environmental Health & Safety Department.

Please provide the following contact information:

Date:

Name:

Title:

Department:

Work Phone:

E-Mail:

Please describe the nature and location of the hazard:

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Describe interim action that you took to mitigate the hazard, if any:

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