

HAZARD NOTIFICATION AND ACTION FORM
UNL Injury and Illness Prevention Program
Form EHS-IIPP-07 (Revised 11/07)

(For assistance, please contact EHS at (402) 472-4925, or visit our web site at <http://ehs.unl.edu/>)

It is the responsibility of UNL to ensure that unsafe work conditions are corrected. Call 911 for **imminent hazards requiring emergency response** from the fire department, police department, or paramedics. For other hazards, emergencies or incidents posing a **serious** threat to life, health, or UNL property, immediately notify EHS at 472-4925 or UNL police at 472-3550 after hours. Otherwise, use this form or any other comparable method to notify your supervisor, department head/chair, and/or EHS of a hazard requiring action.

Location: _____ Department: _____

Submitted by (optional): _____

Address and phone: _____

Note: The UNL Injury and Illness Prevention Plan states that an employee may not be discharged or discriminated against for making complaints about safety concerns.

Date Prepared: _____

Description of Hazard (including specific location)

Reason for Reporting Hazard:

- o Additional evaluation requested from: Department EHS Other _____
- o Unable to correct hazard because of the following reason(s):
 - Lack of financial resources
 - Lack of technical knowledge
 - Lack of authority

Please submit a copy of this form to your supervisor, department head/chair, and/or EHS (3630 East Campus Loop, Lincoln, Nebraska 68583-0824).

Hazard Analysis:

Evaluation performed by: _____

Date: _____

Findings

Recommendations

Corrective Action:

Date Corrective Action Completed: _____

Corrective Action Completed by: Department EHS Other _____

Description of Corrective Action

Associated Paperwork: _____

Other Comments: _____
