

# REQUEST FOR INVESTIGATION OF

# UNSAFE WORK CONDITIONS

**EMPLOYEE NAME**: **DATE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CLASSIFICATION**: **EMPL-ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DEPARTMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXTENSION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SUPERVISOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SUPERVISOR NOTIFICATION DATE:**

When an unsafe work condition is alleged to exist, the affected employee shall first notify his/her immediate supervisor who, in consultation with the departmental supervisor, shall take whatever necessary corrective action the Department deems appropriate. Where the matter is not resolved to the satisfaction of the employee, the employee may request a review by the University’s Environmental Safety Coordinator, who shall take all measures he or she deems appropriate to promptly respond to the employee’s complaint and who shall inform the employee and the employee’s supervisor of the results of his findings and recommendations in writing.

**UNSAFE CONDITION:**

Written response will be provided within 30 days of receipt of written notification. Please forward to Campus Sustainability & Environmental Safety, MB 120A

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_