

WORKPLACE HAZARD IDENTIFICATION, EVALUATION, AND CORRECTION RECORD

Please complete and return to the Safety & Risk Management Department via e-mail ehs@sbccd.edu.

|--|

Name Reporting:	Phone Number	E-mail Address	
Job Title	Campus/Department	Location of Incident	
Type of Concern that Potentially may Lead to Workplace Hazards? (check all that apply): Attack with Weapon (e.g., gun, knife, other object) Threat of Physical Force or Use of Weapon or other Object Animal Attack Physical Attack without a Weapon (e.g., biting, choking, grabbing, hair pulling, kicking, punching, slapping, pushing, pulling, scratching, or spitting) Sexual Assault or Threat (e.g., rape or attempted rape, physical display, or unwanted verbal or physical sexual contact) Other (specify):		Incident Specifics: (check all that apply): Victim Performing Usual Job Duties Poor Lighting Rushed Working During Low Staffing Level High Crime Area Isolated/Alone Unable to Get Help/Assistance Working in Student/Visitor Facing Setting Working in Unfamiliar/New Location Other (specify):	
Unsafe Condition, Work Practice or	Employee Concern (include what,	who, when, where and how it is unsafe):	
Causes of Other Contributing Factors (What caused or contributes to the unsafe condition?):			
I certify that the information included on this form is true and accurate to the best of my knowledge.			
Complainant Signature	Date		
PLEASE NOTE: This document shall only be used to notify the District of violence hazards and/or hazardous conditions identified in the workplace. If the violence hazards and/or hazardous conditions pose imminent danger and/or property, please immediately notify your immediate supervisor and/or the SBCCD Police Department.			
SECTION II- TO BE COMPLETED BY	THE RESPONSIBLE DISTRICT R	<u>EPRESENTATIVE</u>	
Name Conducting Inspection:	Date of Inspection	Job Title	
Corrective Action Taken and Date:			

Preventive Action (if any):	
Description of Hazard Correction:	
Conducting Inspection Signature	Date