



## WORKPLACE HAZARD IDENTIFICATION, EVALUATION, AND CORRECTION RECORD

Please complete and return to the Safety & Risk Management Department via e-mail [ehs@sbccd.edu](mailto:ehs@sbccd.edu).

### SECTION I- TO BE COMPLETED BY THE INDIVIDUAL

Name Reporting:	Phone Number	E-mail Address
Job Title	Campus/Department	Location of Incident
<b>Type of Concern that Potentially may Lead to Workplace Hazards? (check all that apply):</b> <input type="checkbox"/> Attack with Weapon (e.g., gun, knife, other object) <input type="checkbox"/> Threat of Physical Force or Use of Weapon or other Object <input type="checkbox"/> Animal Attack <input type="checkbox"/> Physical Attack without a Weapon (e.g., biting, choking, grabbing, hair pulling, kicking, punching, slapping, pushing, pulling, scratching, or spitting) <input type="checkbox"/> Sexual Assault or Threat (e.g., rape or attempted rape, physical display, or unwanted verbal or physical sexual contact) <input type="checkbox"/> Other (specify): _____		<b>Incident Specifics: (check all that apply):</b> <input type="checkbox"/> Victim Performing Usual Job Duties <input type="checkbox"/> Poor Lighting <input type="checkbox"/> Rushed <input type="checkbox"/> Working During Low Staffing Level <input type="checkbox"/> High Crime Area <input type="checkbox"/> Isolated/Alone <input type="checkbox"/> Unable to Get Help/Assistance <input type="checkbox"/> Working in Student/Visitor Facing Setting <input type="checkbox"/> Working in Unfamiliar/New Location <input type="checkbox"/> 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 REPRESENTATIVE

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