

Submit completed forms to Noel Crespo at noel.crespo@ucf.edu and José Vazquez at jvazquez@ucf.edu.
Forms can also be faxed to 407-823-0146, Attn: Noel Crespo.

Safety Concern Report

Please select you current position
<input type="checkbox"/> Staff <input type="checkbox"/> Teacher <input type="checkbox"/> Student <input type="checkbox"/> Other

Location (Building, Address, and Room#)	Date	
	MM/DD/YYYY	
Description of Safety Concern:		
Number of UCF employees affected by the unsafe situation?		
Number of Contractor's employees affected by the unsafe situation?		
	Y	N
Immediate Danger to Life and Health?		
Are students, visitors or other non-employees affected by the unsafe situation? If so, which group is affected?		
Is there non-compliance with a UCF EHS Procedure? If so, which procedure?		
Additional Comments:		

<p><u>EH&S ONLY</u> Name: Date: Action Taken:</p>
