

**Gavilan Joint Community College District
Health, Safety, Facility and Grounds Committee**

Safety/Health Hazard/Physical Barrier Report Form

Time _____

Date _____

Hazardous Condition

Hazardous Procedure

Health & Safety Problem

Physical Barrier

Location of Hazard/Barrier:

Department _____ Building _____ Room _____

Description of Hazard/Barrier:

Action Recommended: _____

Name of Reporting Person: _____

Please contact me at: _____

Note to employees and students: The Health, Safety, Facility, and Grounds Committee designed this form for your convenience in reporting apparent safety, health hazards and/or physical barriers that exist at Gavilan College. When completed, *remove* the bottom copy for your records and place the *top* copy in the mailbox for the Director of Facilities' Services located in the Administration Building. You may file an anonymous report. Unless it is an anonymous report, a copy of the recommended action will be forwarded to you from the Health, Safety, Facility, and Grounds Committee.

For HSF&G Committee use only

Health, Safety, Facility, and Grounds Committee Report

Hazardous or safety condition/procedure reviewed on _____

Recommended correction: _____

Anticipated cost of correction: _____

Forwarded to: _____
Name and Title

Department _____

Recommended date of correction: _____

Resolution Date: _____

SAFETY/HEALTH HAZARD/PHYSICAL BARRIER REPORT FORM

PROCEDURES FOR PROCESSING

1. Management shall make available to employees and students the Safety/Health Hazard/Physical Barrier Report form which may be filed by any employee or student to the Health, Safety, Facility, and Grounds Committee. The form will be available in the Student Services' office, the Human Resource Building, the Disability Resource Center, and the Director of Facilities' Services office. **The Committee recommends that the employee share the report with his/her supervisor. The Committee recommends that students with disabilities share the report with the Disability Resource Center.**
2. The employee/student shall complete the top portion of the form and describe the hazardous or health/safety/barrier concern as fully as possible. The employee/student retains the last copy.
3. The employee/student shall place the form in the mailbox for the Director of Facilities' Services located in the Administration Building. If it is a concern that the employee/student believes requires immediate attention, the employee/student shall notify the Director of Facilities' Services at 408-848-4705. It is recommended that students with disabilities also notify the Disability Resource Center at 408-848-4865.
4. The Health, Safety, Facility, and Grounds Committee shall state on the form the nature of the recommended corrective action to be taken. This recommendation will be forwarded to the appropriate department, supervisor/dean, or committee. If no action is deemed necessary, the Committee shall so state, providing as much explanation as possible. A copy of the completed form will be forwarded to the originator if known.