

HAZARD IDENTIFICATION POLICY

Hazard Notification

Oral Roberts University

Completed by employee receiving notification:

HAZARD INFORMATION	
Name:	
Nature of reporter:	
<input type="checkbox"/> Employee (Faculty or Staff) <input type="checkbox"/> Student <input type="checkbox"/> Visitor	
Contact (phone or email):	
Date:	
REPORTED HAZARD	
Description:	
Location/ Campus Building:	
RECOMMENDATIONS	
Description:	
CORRECTIVE ACTIONS (TO BE COMPLETED BY RISK MANAGEMENT)	
Description of actions taken:	
Date corrective action completed:	
Corrected By:	