



SAFETY REPORT FORM  
A&BS Human Resources  
Safety Committee

The Pennsylvania State University  
Auxiliary and Business Services  
106 Housing & Food Services Bldg  
University Park, PA 16802

**EMAIL TO ABSSAFETY@UMS.PSU.EDU FOR REVIEW**

SECTION A

Name of Requestor \_\_\_\_\_

Contact Number \_\_\_\_\_

Name of Immediate Supervisor \_\_\_\_\_

Date \_\_\_\_\_

SAFETY USE ONLY

File Number						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year		Month		Sequential Number		
Date File Number Assigned _____						

SECTION B

Description of Hazard/Problem:

Building: \_\_\_\_\_ Exact Location: \_\_\_\_\_

Describe below in detail the nature of the hazard/problem:

Write your recommendation to remedy the hazard/problem:

SECTION C (SAFETY USE ONLY)

Safety Committee Response/Action:

Person(s) Assigned: \_\_\_\_\_ Date: \_\_\_\_\_

Referred to: \_\_\_\_\_ Date: \_\_\_\_\_

Tracking:

JOB No.:

W.O. No.:

Action Taken:

Date Requestor and Supervisor Notified of Completion: \_\_\_\_\_