

**CALIFORNIA STATE UNIVERSITY
LOS ANGELES**

HAZARD / INCIDENT REPORT

To: Risk Mgmt. & EHS Office
Corporate Yard Room 244

Date: _____

From: Name _____ (Optional)
Dept./Area _____
Extension _____ (Optional)

Type of Hazard/Incident & Location:

Description of Hazard/Incident:

Additional Comments: (Related historical actions, requests, or experiences)

Investigator's Signature:
(RM/EHS Staff Only)

Date:

Corrective Action(s) Taken:

Signature of Closure Validation:
(RM/EHS Staff Only)

Date:
