

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the **hand** tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



HAZARDOUS CONDITION REPORT

COMPLETE ROUTING OF THIS FORM IS TO OCCUR WITHIN A PERIOD OF TEN DAYS OR LESS

Date _____ Reported by _____

Campus/unit _____ Office location/phone number _____

Describe nature and location of hazard: _____

Submitted to _____ Date _____

DISPOSITION

Describe action taken in regard to above report: _____

Date _____ Signature _____

Print name _____

No action taken for the following reason: _____

Date _____ Signature _____

Mail to District Facilities MS 1016