Eastern Nazarene College Report of Unsafe Condition or Hazard

1. Unsafe Condition or Hazard		Please use this form for reporting Unsafe Conditions or Hazards that need immediate attention.	
Date:	Time:	Name (Optional):	
Location of Hazard	d (Address, Building Name, Room Num	ber):	
Description of Un	nsafe Condition or Hazard:		
Recommended A	ction to Correct Unsafe Condition or	Hazard:	
	l this form to Hazard@enc.ec Department during normal b		
Facilities L		ousiness hours or Se	ecurity Office after hours.
Facilities l	Department during normal b	on of Condition	ecurity Office after hours.
Pacilities L.	Department during normal b	on of Conditionard:	on or Hazard Date & Time: