

REPORT OF HAZARDOUS CONDITION

HONOLULU COMMUNITY COLLEGE

DATE OF REPORT: _____

HAZARD DESCRIPTION: _____

HAZARD LOCATION: _____

HOW DO YOU THE HAZARD CAN BE CORRECTED?

WOULD YOU LIKE TO BE INFORMED OF THE ACTION(S) TAKEN?

NAME: _____

E-MAIL: _____ *TEL:* _____

Return the form to Chulee Grove's mailbox or via E-mail, chulee@hcc.hawaii.edu.