



Safety Concern Form (FPU-9.0042P)

This Safety Concern Form will be evaluated by a Safety Services representative and an investigation will be conducted. Please complete this form and submit to safetyservices@floridapoly.edu.

Location of safety concern: (Building, Address, and Room Number): _____

Is there an immediate life threatening danger to the University Community? Yes No

Description of safety concern (unsafe act or conditions):

Select all those affected by the unsafe situation:

Students Employees Contractor's Employees Visitors Other: _____

Additional Comments:

Please select your current status:

Staff Faculty Student Other: _____

Date: _____

Name: _____

Email: _____

Signature: _____

FOR SAFETY SERVICES USE ONLY

Date Received: _____ Tracking Number: _____

Follow up inspection

Recommendations for corrective action provided to _____ on _____
University Official Date

Corrective action taken/ comments: _____

Follow up with reporter: Email Phone Call Verbal

Emailed outcome of investigation to:

- Person Reporting Safety Concern: _____
- University Official: _____

Date Closed: _____ Safety Services Staff: _____