WMSD HAZARD REPORT
(Work-Related Musculoskeletal Disorder (WMSD)

Reporting Person:________________________________________ Date:_____________________

Telephone:_________________ Fax:_________________ Department:_____________________

Department Head:______________________________________________________________

Telephone:_________________ Fax:_________________

Location of Hazard:
(campus, building, floor, room #) ___________________________________________________

Description of Present or Potential Hazard:________________________________________

___________________________________________________________________________________

Unless apparent in the above description, explain how this creates a hazard?

___________________________________________________________________________________

How many people are affected by the hazard? ____________ How long has it existed?________

Has the hazard been previously reported? Y____ N____

If “yes,” when was it reported? ___________________________ To whom? ___________________________

Was any corrective action taken? Y____ N____

If “yes,” describe corrective measures: ______________________________________________________________________

How did you become aware of the hazard?

___________________________________________________________________________________

Are you aware of any injury resulting from this hazard? Y____ N____

If “yes,” describe injuries: ____________________________________________________________________________________


If “yes,” name of injured/ill person: ______________________________Date report filed: _____________

How would you suggest correcting the hazard?

___________________________________________________________________________________

(For OEHS Use Only)

Fax or phone this report to:
Tulane University
Office of Environmental Health & Safety
Fax: (504) 584-1693, Phone: (504) 588-5486

DATE RECEIVED:
CONTROL NO:

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