University of Southern Maine
Unsafe Equipment Report Form

University of Southern Maine employees have a right and responsibility to report defective equipment that could adversely affect an employee’s safety. Employees are encouraged to report equipment safety related problems to their supervisors so that the matter can be handled before an accident occurs. Accident prevention always trumps accident correction.

To promote the reporting of unsafe equipment, the University Environmental Health and Safety (UEH&S) Office has created this form. Employees should complete the form when equipment is believed to be hazardous or unsafe. Once completed, the form should be submitted to the employee’s supervisor for review and corrective action. Please contact UEH&S with any questions about the form, or an equipment situation, by email at safety@usm.maine.edu or by phone at extension 5406.

Date: _______________  Department: __________________________
Type of Equipment: _______________  Date Fault was Discovered: _____________
Serial/Model/License Plate Number: __________________________________________
Name of the Person Reporting the Fault: ____________________________________
Description of Fault (please include how the fault impacts your safety):
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
Has the equipment been tagged as faulty and/or taken out of service? □ Yes □ No
Signature of Person Reporting the Fault: _______________________________________
Name of Supervisor Fault is Being Reported to: ________________________________
Action or Repairs Required Status:
□ Urgent/Immediate  □ Urgent Today  □ Within the week  □ Not urgent
Follow up Action Taken by Supervisor:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
Signature of Supervisor: ___________________________  Date: _______________
