

**Form I**

**DEPARTMENT OF ENTOMOLOGY  
SAFETY LOG**  
[ Revised 10/02 ]

This form is to be used by Principal Investigators to document unsafe workplace conditions or practices and corrective actions taken.

Building: \_\_\_\_\_ Room Number: \_\_\_\_\_

Description of Unsafe Condition or Practice: \_\_\_\_\_

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Cause or Other Contributing Factor: \_\_\_\_\_

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Date Deficiency Noted: \_\_\_\_\_

Signature of Principal Investigator: \_\_\_\_\_

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Description of Corrective Action Taken: \_\_\_\_\_

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Date Corrective Action Taken: \_\_\_\_\_

Signature of Principal Investigator: \_\_\_\_\_

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Date Reviewed by the Entomology Safety Committee: \_\_\_\_\_

Signature of Safety Committee Representative: \_\_\_\_\_