

UNSAFE CONDITION OR HAZARD

Optional: *Employees may submit this form anonymously.*

Employee's Name: _____

Job Title: _____

Employee Signature: _____ **Date:** _____

Location of condition believed to be unsafe or hazardous: _____

Date and Time condition or hazard observed: _____

Description of unsafe condition or hazard: _____

What changes would you recommend to correct the condition or hazard? _____

District Response:

Name of Person Investigating Report: _____

Results of Investigation (what was found, condition unsafe or a hazard?) (*attach additional sheets if necessary*): _____

Action taken to correct hazard or unsafe condition, if appropriate (or, alternatively, information provided to employees as to why condition was *not* unsafe or hazardous): (*attach additional sheets if necessary*): _____

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Signature of Person Investigating Report: _____