

Report of Unsafe Condition or Hazard

Please submit this report to the District Safety Officer. You will receive a response in five (5) working days.

Optional: Employees may submit this form anonymously.

Employee's Name: _____ Job Title: _____

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?

Optional:

Signature of Employee: _____ Date: _____

School District Response:

Name of Person Investigating Report: _____ Date Received: _____

Results of Investigation (What was found? Was 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):

Signature of Person Investigating Report: _____

DSO REVIEW: _____ Date: _____

Date of response to employee (or posting of a copy of this form, for anonymous reports): _____

WHEN COMPLETED, WORK ORDER COPIES ATTACHED, AND REVIEWED BY THE DISTRICT SAFETY OFFICER,
FILE WITH THE MASTER IIPP