

REPORTING FORM FOR UNSAFE WORKING CONDITION or HEALTH HAZARD

Date: _____

Location of UNSAFE condition or Health Hazard: _____

Site Name: _____

Description of UNSAFE condition or Health Hazard:

Suggestion for possible remedy: _____

Name (optional): _____

Reporting Method

1) Has the concern been reported to the Head Custodian prior to submitting this form?

Yes If yes, date reported: _____

No If no, please email the Head Custodian of the concern before proceeding.

2) Has the concern been reported to the Site Administrator prior to submitting this form?

Yes If yes, date reported: _____

No If no, please email the Site Administrator of the concern before proceeding.

Were corrective measures taken by Site Personnel: Yes No

Measure taken: _____

Work Order submitted: Yes No N/A

Work Order #: _____ Date submitted: _____

Comments: _____

Safety Committee Recommendation/Action

Recommendation:

Action Taken:
