



Report of Unsafe Condition

Merced Community
College District
3600 M Street
Merced, CA 95348

Please use this form to make a safety suggestion or report an unsafe workplace condition or practice.

Reports may be made anonymously

Hazard Location:

Campus/Center _____

Building Name _____

Department _____

Room Number and Description _____

Other _____

Today's Date _____

Describe unsafe condition or practice (Include as many details as possible.

If outside on the grounds, you can draw a diagram on the back.) _____

Causes or contributing factors _____

Other Comments _____

Your suggestion for improving the situation described above _____

Has this matter been reported to the supervisor in the hazard area? Yes ☐ No ☐

Has this matter been reported to Maintenance & Operations? Yes ☐ No ☐

Has a Maintenance Service Request been submitted? Provide MSR # _____ Yes ☐ No ☐

Optional Information: If you include your name, we will update you on action taken, but it is not required.

Your Name and Extension (Optional) _____

Your Department (Optional) _____

Employees are advised that use of this form or other reports of unsafe conditions or practices are protected by law. It is illegal for the employer to take action against an employee in reprisal for exercising rights to participate in communications involving safety.

The District will investigate any hazard report or safety question from employees as required by the Injury and Illness Prevention Program Standard (GISO §3203). The District's response will be communicated to the affected employee(s), unless the report is made anonymously.