



Report of Unsafe Condition

*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 & Description _____

Other _____

Today's Date _____

Describe unsafe condition or practice (include as many details as possible. If outside on the ground, you can draw a diagram on the back.) _____

Causes or contributing factors _____

Other comments _____

Your situation 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 Prevent Program Standard (GISO §3203). The District's response will be communicated to the affected employee(s), unless the report is made anonymously.