



REPORT OF UNSAFE CONDITION OR HAZARD

Injury and Illness Prevention Program

Completion of this section is optional and may be submitted anonymously:

Name: _____ Signature: _____

Job Title: _____ Date: _____ Time: ____:____ am / pm

Location of suspected unsafe or hazardous condition (i.e. site name, room #, cafeteria, etc.)

Description?

District Review:

What was discovered?

Was the condition unsafe or hazardous?

Recommendations for corrective measures:

Review completed by:

Job Title

Date

Date Risk Management Department received: _____

Action(s) taken and/or comments: