



REPORT OF UNSAFE or HAZARDOUS CONDITION

Please utilize this report form to document any **UNSAFE, HAZARDOUS CONDITION, HEALTH or SAFETY THREAT**. Upon completion, please forward this form to the Risk Management Department.

Date Observed: _____ School / Site: _____

Building: _____ Area / Room: _____

Description of **Unsafe, Hazardous Condition, Health or Safety Threat**: _____

What changes would you recommend to correct the situation? _____

Employee's Name (Optional): _____
(Please Print)

Signature: _____ Date: _____

DISTRICT RESPONSE:

Results of Investigation: _____

Action taken to correct the situation, or explanation of why situation was not **Unsafe, Hazardous, Unhealthy** or a **Safety Threat**:

Investigator: _____
(Please Print)

Signature: _____ Date: _____