

# SAFETY CONCERN / SUGGESTION

Please use this form to report unsafe or uncorrected conditions that could endanger employees or students, or to make a safety or health-related suggestion.

Do not use this form in lieu of a work order to the maintenance department.  
Emergency conditions should always be reported immediately to your supervisor.

Return this completed form to your supervisor or any member of the District Safety Committee

Site / School: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Date Condition Identified: \_\_\_\_\_

Your Name (optional): \_\_\_\_\_

Work / Office Email or Phone Number (optional): \_\_\_\_\_

Has this condition been previously reported?     Yes    No    Unknown

To Whom: \_\_\_\_\_

Concern or Suggestion: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If a safety concern, where exactly is the hazardous condition or concern? \_\_\_\_\_

\_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Action Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

*A copy of this completed form is to be returned to the originator, if known, by the signatory.*