

REPORT OF UNSAFE CONDITION OR HAZARD

Optional: Employees may submit this form anonymously by forwarding to the County Office Human Resources Department at 970 Klamath Lane, Yuba City, CA 95993 to the attention of the Safety Officer.

Employee's Name: _____

Job Title: _____

Location of condition believed to be unsafe or hazardous: _____

Date and time condition or hazard observed: _____

Description of unsafe condition or hazard: _____

What changes would you recommend to correct the condition or hazard? _____

Optional:
Signature of Employee: _____ Date: _____

Sutter County Superintendent of Schools Office's Response:

Name of Person Investigating Report: _____

Results of investigation (what was found? was condition unsafe or a hazard?): *(attach additional sheets if necessary)*

Action taken to correct hazard or unsafe condition, if appropriate (or, alternative, information provided to employees as to why condition was not unsafe or hazardous): *(attach additional sheets if necessary)*

Signature of Person Investigating Report: _____