



970 Klamath Lane  
 Yuba City, CA 95993  
 (530) 822-2900  
 Fax (530) 671-3422

## REPORT OF UNSAFE CONDITION OR HAZARD

*Optional: Employees may submit this form anonymously by forwarding to the County Office 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: \_\_\_\_\_