

\_\_\_\_\_ **School District**

**Report of Unsafe Condition or Hazard**

**Please submit this report to the District Safety Officer. You will receive a response in five (5) working days.**

Optional: Employees may submit this form anonymously.

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: \_\_\_\_\_

**School District Response:**

Name of Person Investigating Report: \_\_\_\_\_ Date Received: \_\_\_\_\_

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, Alternatively, Information provided to Employees as to Why Condition Was Not Unsafe or Hazardous) (attach additional sheets if necessary):

Signature of Person Investigating Report: \_\_\_\_\_

DSO REVIEW: \_\_\_\_\_ Date: \_\_\_\_\_

Date of response to employee (or posting of a copy of this form, for anonymous reports): \_\_\_\_\_

**WHEN COMPLETED, WORK ORDER COPIES ATTACHED, AND REVIEWED BY THE DISTRICT SAFETY OFFICER,  
FILE WITH THE MASTER IIPP**