

Report of Unsafe Condition or Hazard

Please submit this report to the Risk Management Office. 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: _____

Merced Union High School District 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, Alliteratively, Information provided to Employees as to Why Condition Was Not Unsafe or Hazardous) (attach additional sheets if necessary): _____

Signature of Person Investigating Report: _____