

SAFETY HAZARD/SUGGESTION REPORT FORM

This form is for use by employees who wish to provide a safety suggestion or report an unsafe workplace condition or practice.
(See page 2 for instructions)

SECTION I - EMPLOYEE

Employees are advised that use of this form or other reports of unsafe conditions or practices are protected by law. It would be illegal for the employer to take any action against an employee in reprisal for exercising rights to participate in communications involving safety.

School District:

Location:

Description of unsafe condition or safety suggestion:

Recommendations for correction:

Date this form forwarded to your supervisor:

Name of Supervisor:

Employee Name (optional):

Department:

SECTION II - SUPERVISOR

The employer will investigate any report or question as required by the Injury and Illness Prevention Program Standard and advise the employee who provided the information or the workers in the area of the employer's response.

Supervisor's evaluation and plan of action:

Signature: _____

Date: _____

Date sent to safety committee: _____

SAFETY COMMITTEE REVIEW

Date: _____

Action Taken:

District Use Only

Control #: _____

Originator notified: _____

Completed Date: _____

HAZARD REPORTING FORM INSTRUCTIONS

DESCRIPTION - Give a short narrative of the unsafe condition/suggestion

LOCATION - Specify where the condition is located, i.e., Room 29, S/W corner.

RECOMMENDATION - What you think will improve or correct the problem.

SUPERVISOR - Your immediate supervisor.

YOUR NAME - Only if you want a return copy.

DEPARTMENT - Department you work for.

Employee - Complete Section I and submit all copies to your supervisor.

Supervisor - Complete Section II, forward two copies to safety committee and one copy to originator. Districts without a safety committee should forward a copy to the SIPE Safety Office.

Safety Committee - Review and forward a copy to the SIPE Safety Office.

SIPE Safety - Review and submit to the Safety Awards Committee for nomination for hazard report of the quarter award.

SIPE Safety Office
402 Farnel Road, Suite M
Santa Maria, CA 93458

Trucking Mail
SIPE Safety
North County Office
Tue/Wed/Thu/Fri