


SAFETY CONCERN/SUGGESTION

EMERGENCY (URGENT)

ROUTINE

Please use this form to report unsafe or uncorrected conditions, which could endanger employees or students of this District. **You may report conditions anonymously.** Emergency conditions should always be reported immediately to your supervisor.

Site/School: _____ Today's Date: _____ Date Condition Identified: _____ Your Name (Optional): _____ Phone/Email (Optional): _____ Has this Condition been Previously Reported? Yes No Unknown If so, to Whom?: _____	 <p>Attach/Upload an Image</p>
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<u>NATURE OF SAFETY CONCERN/SUGGESTION</u>
Who is this affecting? _____ _____
What is happening? _____ _____
When and how often does it occur? _____
Where, exactly is the hazardous condition? (Room number, room name, restroom, east/west, playground, part of building, etc.) _____ _____
Why is this occurring? _____ _____
Suggested Solution: _____ _____
Principal/Supervisor Signature: _____

<u>FOR SAFETY COMMITTEE USE ONLY</u>
Date Received By Safety Committee: _____
Proposed Action: _____ _____
Estimated Cost: _____ Date Concern Resolved: _____

PROCEDURE:

1. Complete this form if you discover or observe a safety or hazardous concern (EMERGENCY or ROUTINE).
2. Give the form to your Principal/Supervisor. You may want to keep a copy of the completed form for your records.
3. The original form will be read, signed by a supervisor/principal, and then forwarded to the District Safety Coordinator.
4. If the Principal/Supervisor feels a Work Request will resolve the concern, they will attach the Work Request to a copy of the Safety Concern Form.
5. All Safety Concern Forms will be addressed at the next District Safety Committee Meeting. A written reply will be sent to the person named on the form or the site principal/supervisor.
6. This form may be completed online at <http://www.slosipe.org/resources/online-reports.php>