

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?: _____

Click to Upload an Image

Attach/Upload an Image

NATURE OF SAFETY CONCERN/SUGGESTION

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: _____

FOR SAFETY COMMITTEE USE ONLY

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>