SIMI VALLEY UNIFIED SCHOOL DISTRICT
REQUEST FOR SAFETY INSPECTION

Risk Management

Employees may submit this form anonymously

NAME OF PERSON REPORTING	POSITION	SITE
SUPERVISOR	**PHONE NUMBER**	**BUILDING NUMBER**

DATE OF REPORT _____

DATE AND TIME CONDITION OBSERVED _____

DESCRIBE CONDITION AND GIVE EXACT LOCATION

RECOMMENDATION FOR CORRECTION

ACTION BY SCHOOL DISTRICT **DATE RECEIVED**_____

Response in 30 days **SIGNATURE/TITLE**_____

Distribution: Original- Risk Management/Safety Committee: Copy- Site Administrator: Copy- Reporting Party
Revised 9-2020