



Report of Unsafe Condition

THIS INFORMATION IS OPTIONAL: *Employees may submit this form anonymously.*

Employee's Name: _____ Department: _____

Job Title: _____ Worksite: _____

Location of condition believed to be unsafe or hazardous: _____

Date and time unsafe condition or hazard observed: _____ / _____

Other persons or agencies notified: _____

Description of unsafe condition or hazard: _____

What changes would you recommend to correct the unsafe condition or hazard? _____

MCOE FINDINGS AND RESPONSE

Name and Title of person investigating report: _____

Results of investigation (What was found? Condition unsafe or hazardous? Attach additional sheets if necessary)

Action taken to correct unsafe condition or hazard, if appropriate, or information provided to employees as to why condition was not deemed unsafe or hazardous: _____

Signature of person completing report: _____ Date: _____