



Panama-Buena Vista Union School District

REPORT OF HAZARD OR UNSAFE CONDITION

This form should not be used to report immediate and dangerous working conditions. If a dangerous working condition exists that requires immediate corrective action, the employee shall notify his/her supervisor at once. ***Please note this report may be submitted anonymously.***

Date potential hazard or unsafe condition was observed: _____

School/Department: _____ Room Number/Area: _____

Please check all the appropriate conditions:

☐ Unsafe Act ☐ Unsafe equipment ☐ Unsafe Condition ☐ Unsafe use of equipment

Detailed description of the potential hazard or unsafe condition:

Corrective action taken by employee and/or recommendations:

Optional - If you wish to remain anonymous, do not complete this section.

Employee's Name: _____ Job Title: _____

Signature: _____ Date: _____

TO BE COMPLETED BY SITE/DEPARTMENT	
Date received:	Reviewed by:
Results of investigation: Corrective action taken by the employer:	
Corrective action was taken by:	Date:

****Submit the completed form to the Health, Safety and Wellness Department***