



Riverview Intermediate Unit 6
270 Mayfield Road
Clarion, PA 16214



814-226-7103



814-226-4850



www.riu6.org

Safety Concern Reporting Form

PART A – SAFETY CONCERN

Reporter Information:

Name: _____

Position Title: _____

Contact Phone: _____

Contact Email: _____

Description of Safety Concern/Hazard:

Date Observed: _____

Location: _____

Describe in detail the nature of the safety concern/hazard:

Describe any recommendations you may have to remedy the safety concern/hazard:

Email Completed Form to salgoe@riu6.org

PART B – SAFETY COMMITTEE USE ONLY

Date Received: _____

Date Assigned: _____

Referred To: _____

Inspection Conducted: _____

Inspection Results/Plan for Remediation: _____

Reviewed by Safety Committee on _____.