

SAUCON VALLEY SCHOOL DISTRICT  
Workplace Safety Committee

**WORKPLACE SAFETY REPORTING FORM**

***To all employees of the Saucon Valley School District:***

Please use this form to report any unsafe conditions that you observe during the course of your daily work assignments. These would be conditions or procedures that, without corrective measures, could constitute a potential hazard to yourself or others.

Description of Unsafe Condition/Potential Hazard:

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Location:

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Date Observed: \_\_\_\_\_

Recommendation for Correcting Condition: (*optional*)

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Report Submitted By: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

***Forward completed form to the Business Office  
Attention: David Bonenberger, Chairperson, Workplace Safety Committee.***

***Committee will note the corrective action taken and the date completed:***

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\_\_\_\_\_  
(Date)