

# ONTARIO-MONTCLAIR SCHOOL DISTRICT

## Report of Possible Unsafe Condition or Practice

E-mail Completed Form to Risk Management @ [Risk.Mgmt@omsd.net](mailto:Risk.Mgmt@omsd.net)

Site/Dept: \_\_\_\_\_ Report Date: \_\_\_\_\_

Building: \_\_\_\_\_ Area/Room: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature (not required) \_\_\_\_\_

(If unsigned, response will be returned to site administrator)

\_\_\_\_\_

### (FOR OFFICE USE ONLY)

Report referred to:

a. (person) \_\_\_\_\_ (department) \_\_\_\_\_

b. (person) \_\_\_\_\_ (department) \_\_\_\_\_

Action Proposed/Taken:

\_\_\_\_\_

Estimated Cost: \_\_\_\_\_ Budget Charged: \_\_\_\_\_

Proposed Completion Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_