

**SANTEE SCHOOL DISTRICT
REPORT OF UNSAFE CONDITION**

This form should be filled out and sent to the site supervisor within twenty-four (24) hours of the identification of an awareness of an unsafe condition. Be sure to include specific details describing the problem, location of the unsafe condition, the type of equipment involved, the potential hazard involved, etc.

Name of Person Filing Report:	Position:
Department/School:	
Nature and Location of Unsafe Condition:	
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Recommendations:	
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Signature of Person Filing Report (optional)	Date:
Signature of Supervisor *	Date:
(DEPARTMENT USE ONLY)	
Action Taken (date): _____ Department: _____	
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Department Supervisor Signature:	Date:
*Supervisor shall provide notice of action taken or to be taken to employee within five (5) working days.	

