

(PLEASE PRINT)

EMPLOYEE NAME:	
JOB TITLE:	
Location of condition believed to be unsafe or hazardous:	
Date and time condition or hazard observed:	
Description of unsafe condition or hazard:	
What change would you recommend to correct the condition or hazard?	

(OPTIONAL)

EMPLOYEE SIGNATURE _____

DATE _____

↳ Please submit this report to your supervisor or to the Human Resources Director.

SUPERVISOR RESPONSE:

REPORT RECIPIENT:	
DATE / TIME:	
RESULTS OF INVESTIGATION: What was found? Was condition unsafe or hazardous?	
ACTION TAKEN to correct hazard or unsafe condition, if appropriate. Alternatively, information provided to employee as to why condition was not unsafe or hazardous:	

SIGNATURE OF PERSON INVESTIGATING REPORT _____

DATE _____

↳ When you have completed this form, route to HR : fax (916) 983-5932.

(CORPORATE ONLY)

REVIEWED BY:		DATE:	
COMMENTS:			
ISSUE RESOLVED:		DATE:	
SIGNATURE:		DATE:	