



Received Date: _____
Initials: _____

UNSAFE CONDITIONS REPORT

Submit completed form to site Administration

1791 W. Acacia Ave.
Hemet, CA 92544

Today's Date:
Condition(s) Noted at: School/Site: Area/Location/Room: Address: Administration:/Supervisor:
Briefly describe hazard or condition observed and exact location:
Suggestions for possible remedy:
Your Name:
Your work location:
Your phone number:

TO BE COMPLETED BY ADMINISTRATOR

Can be rectified by site ? If no, please continue to next question _____ YES _____ NO If yes, briefly describe how it was rectified:
Does this require Work Order or District Office Department Support? _____ YES _____ NO If yes, briefly describe and include any work order numbers/timelines, etc.
Requires discussion/assistance of School Site Council? _____ YES _____ NO If yes, date of next meeting: _____ Briefly describe discussion and results:
Did Resolution Occur? _____ YES _____ NO If <u>NO</u> Resolution occurred , please forward to the District Safety Committee within 48 hours.