



Received Date: _____
Initials: _____

UNSAFE CONDITIONS REPORT

Submit completed form to site/department administration

1791 W. Acacia Ave.
Hemet, CA 92545

Today's Date: _____
Condition(s) Noted at: _____ School/Site: _____ Area/Location/Room: _____ Address: _____ Administration:/Supervisor: _____
Is this a safety issue: Yes No Briefly describe the hazard or condition observed and exact location:
Suggestions for possible remedy:
Your Name (optional): _____
Your work location (optional): _____
Your phone number (optional): _____

TO BE COMPLETED BY ADMINISTRATOR

Can be rectified by site? Yes No If no, please continue to next question If yes, briefly describe how it can be rectified:
Does this require Work Order or District Office 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 Please forward to the Safety and Risk Management