

Safety Committee

College of the Siskiyous, 800 College Ave., Weed, CA 96094

Phone: (530) 938-5233 – Email: safety@siskiyous.edu

Unsafe Conditions Reporting Form

This form is to be used by employees that have identified hazards not previously recognized. This form brings the hazard to the attention of the management.

Notice is hereby given that the use of this form or other reports of unsafe acts or conditions are protected by law [8 ccr, section 3203]. It is illegal for the employer to take action against an employee for making such a report. **The employer must investigate the report and explain to employees the action taken and any subsequent actions as necessary.**

Date: _____ Employee Name(optional) _____

Supervisor has been notified: ☐ Yes ☐ No Date of Notification: _____

Description of Hazard:

Possible Causes for the Hazard:

Possible Ways to Control or Eliminate Hazard:

Location of Hazard: _____

Any Immediate Action Taken by Employee Reporting:

District Use

Date Received: _____ Received By: _____

Date Inspected: _____

Hazard Priority: ☐ Urgent ☐ High ☐ Medium ☐ Low

Action(s) Taken

Employee(s) Notified: ☐ Yes ☐ No Date of Notification: _____

Original to Facilities/Maintenance

Copy to: Administrator/Dean