



DESERT SANDS UNIFIED SCHOOL DISTRICT
REPORT OF UNSAFE CONDITION

Date: _____

To: Site Administrator

From:* _____ Job Title: _____

Location of Unsafe Condition, Hazard or Practice: (Be specific. Indicate name of site & location)

Description of Unsafe Condition, Hazard or Practice: (Be specific, i.e. "Large crack in sidewalk.")

Does this Unsafe Condition, Hazard or Practice constitute a Health or Safety Issue?

_____ No _____ Yes -- If yes, describe issue:

What should be done to correct the issue?

*** In accordance with the Desert Sands Unified School District's Injury & Illness Prevention Plan, this form may be submitted anonymously. You may also submit this form directly to Risk Management.**

*This form **should not be used** to report immediate and dangerous working conditions. If a dangerous working condition exists that requires immediate corrective action, the employee shall notify his/her supervisor at once. If the situation involves a serious injury and/or the need for rescue, fire, or other emergency response, call 9-1-1 immediately. Some district phones require the caller to dial 9-9-1-1.*

FOR SCHOOL SITE USE ONLY

Date Received: _____ By Whom: _____

Action Taken: _____

Work Order Number (If Assigned): _____