



Coachella Valley Unified School District

Risk Management | Human Resources

P.O. Box 847 • Thermal, CA 92274

TELEPHONE (760) 848-1057 • (760) 848-1106 FAX (760) 399-5717

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 on 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 Coachella Valley 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 7-9-1-1.

FOR SCHOOL SITE USE ONLY

Date Received: _____ By Whom: _____

Action Taken:

Work Order Number (if assigned): _____