This form is for use by employees who wish to provide a safety suggestion or report an unsafe workplace condition or practice. This form may be submitted anonymously. Submit a copy to your supervisor or division head.

Date: _______________  Employee name (Optional):_______________________________________

Location of hazard: ______________________________________________________________

Description of unsafe condition or practice: __________________________________________
____________________________________________________________________________
____________________________________________________________________________

Causes or other contributing factors: _______________________________________________
____________________________________________________________________________
____________________________________________________________________________

Suggestion for correcting hazard: _________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Corrective action taken: _________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Date hazard corrected: __________  Division head signature: ___________________________

The County will investigate any report or question as required by the Injury and Illness Prevention Standard [8 CCR § 3203].

Employees are advised that use of this form or other reports of unsafe conditions or practices is protected by law. Employees may make such suggestions without fear of reprisal.

Effective Date: January 2005