



County of Marin
Report of Hazard or Unsafe Condition Form
Human Resources Department
PMR 26 – Workplace Security, Safety & Violence in the Workplace

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.