

UNSAFE CONDITION AND INSPECTION REPORT

Safety Concern: _____

Concern submitted by:

☐ Safety Committee

☐ Employee _____
(Employee Name)

Date of Report: _____ Safety Concern Location: _____

Give this report to the V.P. of Operations.

REMAINDER OF FORM FOR OFFICE USE ONLY

Assigned to: _____

Interim Action Taken (Department Manager's Comments)

Department Manager Signature: _____ Date: _____

Materials Proposed to Correct Safety Concern and Cost Breakdown:

Safety Committee Review and Recommendation:

☐ Signed: (Vice President of Operations) _____ Date: _____

Closing/Implementation Date: _____