

SAFETY HAZARD REPORTING FORM

To: Safety Technician **Date:** _____
Fax: 707/425-8641
(or send inter-district mail to
Maintenance Department, Attention: Safety Office)

From: (optional*) _____

**Should you wish to remain anonymous, please be very specific when detailing hazard concern and location.*

Telephone: (optional) _____

Safety Hazard Location/Information

Site: _____ **Room #:** (if applicable) _____

Other details that will help identify the specific location: _____

Description of Safety Hazard: (please be specific; include why you believe this to be a safety hazard) _____

Have you notified your supervisor of this safety hazard?

YES NO
(circle one)

If yes, when? _____