



ID # \_\_\_\_\_  
leave blank

# Safety Report Form

## State Center Community College District

*Please use this form to make a safety suggestion or report an unsafe workplace condition or practice.  
Reports may be made anonymously.*

### Hazard Location:

Campus/Center \_\_\_\_\_

Building Name \_\_\_\_\_

Department \_\_\_\_\_

Room Number and Description \_\_\_\_\_

Other \_\_\_\_\_

Today's Date \_\_\_\_\_

**Describe unsafe condition or practice** (Include as many details as possible.

If outside on the grounds, you can draw a diagram on the back.) \_\_\_\_\_

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**Causes or contributing factors** \_\_\_\_\_

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**Other Comments** \_\_\_\_\_

**Your suggestion for improving the situation described above** \_\_\_\_\_

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**Has this matter been reported to the supervisor in the hazard area?** Yes ☐ No ☐

**Has this matter been reported to Operations and Maintenance or Building Services?** Yes ☐ No ☐

**Has a Maintenance Service Request been submitted?** Provide MSR # \_\_\_\_\_ Yes ☐ No ☐

**Optional Information:** If you include your name, we will update you on action taken, but it is not required.

Your Name and Extension (Optional) \_\_\_\_\_

Your Department (Optional) \_\_\_\_\_

Employees are advised that use of this form or other reports of unsafe conditions or practices are protected by law. It is illegal for the employer to take action against an employee in reprisal for exercising rights to participate in communications involving safety.

The District will investigate any hazard report or safety question from employees as required by the Injury and Illness Prevention Program Standard (GISO §3203). The District's response will be communicated to the affected employee(s), unless the report is made anonymously.

**Return to the District Department of Environmental Health & Safety**