GLENN COUNTY
EMPLOYEE REPORT OF UNSAFE CONDITION OR HAZARD

This form is for use by Glenn County employees who wish to provide a safety suggestion or report a hazardous workplace or practice. The information you provide assists the County's efforts to provide a safe and health workplace for all employees. To complete this form, fill in the requested information and check the appropriate boxes under the EMPLOYEE REPORT section. Forward the form to your immediate supervisor or the County Safety Officer to complete the DEPARTMENT RESPONSE section.

EMPLOYEE REPORT

Name: _____ Job Title: _____ Date: _____
(Optional)

Department: _____ Immediate Supervisor: _____

Safety Representative: _____

Hazard Classification:
- G Near Miss Incident
- G Safety Health Concern
- G Unsafe Condition
- G Unsafe Act/Practice
- G Operational Concern
- G Other: _____

Location: _____ Date: _____ Time: _____

Describe Unsafe Condition or Hazard: _____

_____

_____

Please Provide Witnesses (if any): _____

_____

What corrective Action Would You Recommend (if any): _____

_____

_____

Employee Signature: _____ Date: _____
(Optional)

DEPARTMENT RESPONSE

Date Received: _____

Person Conducting Investigation: _____ _____
Print Name Job Title

Date Report Investigated: _____

Results of Investigation: _____

_____

_____

Personnel Directing Corrective Action: _____ _____
Print Name Job Title

Date Corrective Action Take (if any): _____

Corrective Action Taken: _____

_____

_____

Signature of Investigating Party: _____ Date: _____

_____ _____
Department Head Signature Date

Original – Safety Officer Copy 1 – Department Copy 2 – Reporting Employee

Exhibit D