

# GLENN COUNTY EMPLOYEE REPORT OF UNSAFE CONDITION OR HAZARD FORM

<b>EMPLOYEE INFORMATION</b>		
Name: (Optional)	Title:	Date:
Department:	Phone Number	
Supervisor's Name:	Dept. Safety Representative:	
<b>HAZARD CLASSIFICATION</b>		
<input type="checkbox"/> Near Miss <span style="margin-left: 200px;"><input type="checkbox"/> Unsafe Act or Practice</span>		
<input type="checkbox"/> Safety/Health Concern <span style="margin-left: 200px;"><input type="checkbox"/> Operational Concern</span>		
<input type="checkbox"/> Unsafe Condition <span style="margin-left: 200px;"><input type="checkbox"/> Other: _____</span>		
Location:		
Date	Time:	
Describe unsafe condition or hazard:		
What corrective action would you recommend (if any)?		
Employee Signature:		Date:
<b>WITNESS INFORMATION</b>		
Name of Witnesses (if any):		
Name:	Phone #:	
Name:	Phone #:	
Name:	Phone #:	
<b>INVESTIGATION COMPLETED BY</b>		
Name:	Date:	
Title:	Phone #:	

Results of investigation:	
Identify the cause(s) of the incident	
Signature:	Title:
<b>CORRECTIVE ACTION INFORMATION</b>	
What corrective action has been taken or is recommended to prevent a recurrence of a similar accident?	
Has corrective action been completed? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, date completed:
If no, please give reason:	
Person Responsible for implementing corrective action:	Phone Number:
Department Safety Representative Signature:	Date:
Department Head Signature:	Date:

Copies to:

Department Office  
County Asst. Safety Officer