

UNSAFE CONDITION REPORT

To be completed by either employee or Department Head

Form filled out by: _____

Department: _____

Specific location of hazard/condition:

Description of hazard/condition:

Employee or Department Head Signature

Date

**PLEASE FORWARD THIS FORM IMMEDIATELY TO THE
WASHINGTON COUNTY SAFETY COORDINATOR**

To be completed by person responsible to address the hazard/condition

Action taken to correct hazard/condition: _____

Hazard/condition inspected by: _____

Department Head Signature/Date

Safety Committee Chair Signature/Date

Reviewed by Safety Committee on _____.

Updated 3/1/2020