MT. SAN JACINTO COMMUNITY COLLEGE DISTRICT

Report of Unsafe Condition or Hazard

Location of condition believed to be unsafe or hazardous: _______________________________

Date and time condition or hazard observed: ________________________________

Description of unsafe condition or hazard: _______________________________________

___________________________________________________________________________

What Changes Would You Recommend to Correct the Condition or Hazard?

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Optional:
Signature: ____________________________ Date: ____________________________

**District Response:**

Name of Person investigating report: ___________________________________________

Results of investigation (what was found? Was condition unsafe or a hazard?).

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Action taken to correct hazard of unsafe condition, if appropriate (or, alternatively, information provided to employees as to why condition was not unsafe or hazardous).

Completed by: ____________________________ Date: ____________________________

Forward to Facilities Department via email at mailto:facilitiesdepartment@msjc.edu