

SAUCON VALLEY SCHOOL DISTRICT
Workplace Safety Committee

WORKPLACE SAFETY REPORTING FORM

To all employees of the Saucon Valley School District:

Please use this form to report any unsafe conditions that you observe during the course of your daily work assignments. These would be conditions or procedures that, without corrective measures, could constitute a potential hazard to yourself or others.

Description of Unsafe Condition/Potential Hazard:

Location:

Date Observed: _____

Recommendation for Correcting Condition: (*optional*)

Report Submitted By: _____

Date Submitted: _____

***Forward completed form to the Business Office
Attention: David Bonenberger, Chairperson, Workplace Safety Committee.***

Committee will note the corrective action taken and the date completed:

(Date)