

# REPORT OF UNSAFE CONDITIONS FORM

PLEASE COMPLETE ALL FIELDS

Name of person reporting:
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Location:	Department:
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Detailed description of unsafe conditions:
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Preferred outcome:
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Have you informed your immediate supervisor of the situation?

Yes  No

**UPON COMPLETION:**

Forward to your immediate supervisor, CC: Health & Safety

Email: [healthandsafety@selkirk.ca](mailto:healthandsafety@selkirk.ca)

Inter-office mail or deliver in person to: **Health & Safety Department**

**SUPERVISOR OR HEALTH & SAFETY**

Name:	Action taken:
Date received:	
Signature:	