

REPORT OF UNSAFE CONDITIONS FORM

PLEASE COMPLETE ALL FIELDS

Name of person reporting:

Location:

Department:

Detailed description of Unsafe Conditions:

Preferred Outcome:

Will this form be informing your immediate Supervisor of the situation?

Yes No

UPON COMPLETION:

Forward to your immediate supervisor, CC: Health and Safety

Email: healthandsafety@selkirk.ca

Inter-office mail or deliver in person to: **Health and Safety at A-22, Castlegar**

SUPERVISOR OR HEALTH & SAFETY

Name:

Date Received:

Signature:

Action Taken: