

APPENDIX G

**SAFETY CONDITION REPORT
Orange Unified School District**

Name: _____ Work Location _____

Position Title: _____

(1) State exact location of possible unsafe or hazardous condition: _____

(2) Describe the possible unsafe or hazardous condition; be specific: _____

(3) Suggest methods that would correct above stated condition: _____

Employee Signature: _____ Date: _____

(4) Date received by Immediate Supervisor: _____

(5) Response of Immediate Supervisor: _____

Signature of Supervisor: _____ Date: _____

Signature of Employee: _____ Date: _____

CSEA Agreement Reference: Article 7
Copies: Insurance Office
Supervisor
Employee