

Potential or Existing Unsafe Workplace Condition

This form is used when there is NO work-related incident or injury		
Section A Employee Information		
Last Name:	First Name:	
Service:	Program:	Office:
Section B Report (to be completed by employee)		
<i>(use other side as needed)</i>		
Employee's Signature:		Date:
Section C Manager/Supervisor Information		
Last Name:	First Name:	
Manager/Supervisor Response (within 21 days): <i>(use other side as needed)</i>		
Manager/Supervisor Signature:		Date:
Original: Manager/Supervisor Copy: Human Resource Advisor Employee		