

# UNSAFE CONDITION REPORT

Date/Time: \_\_\_\_\_ Submitted By: \_\_\_\_\_

Location of Unsafe Condition: \_\_\_\_\_

\_\_\_\_\_

Describe the Unsafe Condition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What action did you take (if any): \_\_\_\_\_

\_\_\_\_\_

Action taken by Supervisor/Safety Officer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_