

**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