

## UNSAFE CONDITION REPORT

Date of Notification \_\_\_\_\_ Department \_\_\_\_\_

Location Where Unsafe Condition Exists \_\_\_\_\_

Unsafe Condition Identified by \_\_\_\_\_

Description of Unsafe Condition \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Suggestion(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Corrective Action** (Response required within 30 days of notification.)

LACK OF COMPLIANCE MAY RESULT IN CLOSURE OF THIS LABORATORY.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date of Corrective Action** \_\_\_\_\_

**Corrective Action Taken by** \_\_\_\_\_

**Signature** \_\_\_\_\_

**PLEASE RETURN TO THE SAFETY DIRECTOR UPON COMPLETION OF CORRECTIVE ACTION**

### DISTRIBUTION

- 1 - Copy to be returned upon completion (white)
- 2 - Department (yellow)
- 3 - Safety Director (pink)