

NOTICE OF UNSAFE CONDITION AND ACTION PLAN

Department: _____

Today's Date: _____

Observed By: _____

Position/Title: _____

Observed Date: _____

Observed Time: _____

Location of Unsafe Condition: *(Be specific.)*

Description of Unsafe Condition:

Department and affected employees notified of unsafe condition? ___ Yes ___ No

Action Taken: *(Note any immediate action taken to minimize risks.)*

Correction Action Required: *(Describe who will do and what will be done to correct unsafe condition. Note any individual or department to whom this condition is referred and the date of referral.)*

Date Corrected: _____

Corrected By: (Name) _____ (Title) _____

Supervisor's Signature: _____ (Title) _____