



# SAFETY CONDITION REPORT

**TO:** \_\_\_\_\_ **DATE submitted:** \_\_\_\_\_  
Immediate Supervisor/Department Head

**LOCATION & DESCRIPTION OF CONDITION AND/OR PROCEDURE:**

(If applicable, provide your solution to the problem. If this is a report to the Department Head, please submit prior correspondence with immediate supervisor):

---

---

---

---

---

---

---

---

**CONDITION DISCUSSED WITH:** \_\_\_\_\_, **DEPT. SUPV.**

**Submitted by (Optional):** \_\_\_\_\_ **Dept.:** \_\_\_\_\_  
Print Name Signature **Ee Contact #:** \_\_\_\_\_

**All employees (except SEIU represented employees)**

Employee shall report any health and safety concerns first to their immediate supervisor. If not satisfied with the decision, please reference your respective Memorandum of Understanding (MOU) and follow procedural steps outlined.

**SEIU represented employees**

Employees shall report any health and safety concerns first to their immediate supervisor. The supervisor shall have up to five (5) business days, depending on the immediacy of the issue, to respond in writing to the employee. If the employee is not satisfied with the supervisor's response, he/she may appeal the matter in writing to the Department Head or his/her designee, within five (5) business days. The Department Head or his/her designee shall respond in writing within ten (10) business days, depending on the immediacy of the issue. If not satisfied with the response, the employee may appeal, in writing, the issue to the County Safety Committee (submit this to County Human Resources/Risk Management or SEIU, Local 1021).

Action taken by department (if no action taken please indicate why it is not necessary or appropriate):

---

---

---

---

---

---

---

---

**CONDITION CORRECTED:** \_\_\_\_\_ **DATE** \_\_\_\_\_  
DEPARTMENT SUPERVISOR / DEPARTMENT HEAD

**SIGNED:** \_\_\_\_\_

Head

Distribution COPY - Department

Completed form to be forwarded to Department Head

