

LA JOYA INDEPENDENT SCHOOL DISTRICT
Risk Management Department

SAFETY HAZARD REPORT
OR
EMPLOYEE REPORT
OF UNSAFE CONDITIONS OR UNSAFE ACTS

Department/School _____ Hour _____ Date _____

Employee Facility/Auto/Equipment _____

Nature of Hazard: _____

Unsafe condition or unsafe act: _____

Suggestions for improvement or elimination: _____

Signed _____ Date _____

Reporting Employee

Principal/Supervisor's comments _____

Action taken: _____

Signed _____ Date _____

Principal/Supervisor

Cc: Eli Rodriguez, Director of Risk Management

Date Received – Risk Management Office _____

Date Received – Maintenance Office _____