

# Arcadia Unified School District

## Report of Possible Health or Safety Hazard

Date: \_\_\_\_\_ Location: \_\_\_\_\_ Name/Phone Number (Optional): \_\_\_\_\_  
(Site or Department)

Site Administrator: \_\_\_\_\_ Also Reported To: \_\_\_\_\_ Date: \_\_\_\_\_

Circle: This is my 1st, 2nd, 3rd, \_\_th, report for this hazard    Circle: The hazard is: Same, Worse, Better, Not Sure

Description of Possible Hazard(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Suggestions for Possible Remedy: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

---

### Program Coordinator and/or Safety Committee section below:

Analysis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Actions Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Response to Reporter (If name provided):

By Whom: \_\_\_\_\_ Date: \_\_\_\_\_

**Copy:** – Program Coordinator, Reporter's Supervisor, Reporter (originator)

This form is a part of the AUSD IIPP (Injury & Illness Prevention Program) and is available on-line on the district intranet website.