

IRVINE UNIFIED SCHOOL DISTRICT
Employee Safety Recommendation Form

Site Location: _____ Dept: _____
Supervisor: _____ Date: _____
Reported By (*Optional*): _____

Identification of Safety/ Security or Health Hazard

Suggestion for abatement of the Safety/ Security or Health Hazard

Do not write below this line

Date complaint was investigated: _____ Investigated By: _____

Action taken: _____

Work Order Number/s: _____

Date Action was completed: _____

Comments: _____

Please keep a copy for your records and forward original to Safety and Security
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