

FELTON FIRE PROTECTION DISTRICT
STANDARD OPERATING PROCEDURES

ARTICLE: II

SOP: 2106

SECTION: 2100

SAFETY

SUBJECT:

UNSAFE CONDITION OR HAZARD

PURPOSE:

To establish a procedure for employees to report any unsafe condition or hazard in the work place.

SCOPE:

To provide guidelines and a systematic form for documenting and reporting any unsafe condition or hazard in the work place.

PROCEDURE:

- * Fire fighters are required to report any unsafe condition or hazard that they discover in the work place to the Safety Officer (Fire Chief). The fire fighter will complete the Report of Unsafe condition or Hazard form when reporting any unsafe condition or hazard in the work place.

See attached Report of Unsafe Condition or Hazard Form

UNSAFE CONDITION OR HAZARD

Optional: Employees may submit this form anonymously.

Employee's Name: _____

Job Title: _____

Location of Condition Believed to be Unsafe or Hazardous: _____

Date and Time Condition or Hazard Observed: _____

Description of Unsafe Condition or Hazard: _____

What Changes Would You Recommend to Correct the Condition or Hazard? _____

Optional:

Signature of Employee: _____ Date: _____

District Response:

Name of Person Investigating Report: _____

Results of Investigation (what was found, condition unsafe or a hazard?) - *attach additional sheets if necessary:* _____

Action Taken to Correct Hazard or Unsafe Condition, if Appropriate (or, Alternatively, Information provided to Employees as to Why Condition Was Not Unsafe or Hazardous) - *attach additional sheets if necessary:* _____

Signature of Person Investigating Report: _____

Appendix B