

NEBRASKA

Good Life. Great Service.

DEPT. OF ADMINISTRATIVE SERVICES



Pete Ricketts, Governor

REPORTING UNSAFE CONDITIONS

Providing personal identifying information is optional and is not required to submit this form to the Statewide Safety Committee.

Name: _____ Job Title: _____

Contact Information (phone number / email address):

Location of Hazard: _____

Building: _____ Floor: _____ Room: _____

Date and Time Condition/Hazard was Observed:

Description of Unsafe Condition/Hazard:

What Changes Would You Recommend to Correct the Condition/Hazard:

Did You Report this Issue Pursuant to Your Agency's Safety Procedure? Yes No

Date Agency Notified: _____

Please Provide the Name and Contact Information for the Individual Notified:

Was an Investigation Completed? If so, What Were the Results of the Investigation (Attach Additional Information, If Necessary) : _____

Proposed Action to be Taken to Correct Hazard/Unsafe Condition:

Employee Signature (optional): _____

Date: _____

Please email or fax this form to: as.statewidesafetycommittee@nebraska.gov / 402-471-2800