

SAFETY ACTION FORM
Santa Monica Community College District
Staff Use Only

Description of unsafe condition:

Location: **(Be specific: room #, N/S/E/W, etc.)**

Date reported: _____

Map included: Yes _____ No _____

Weather: Wet _____ Dry _____

Date inspected: _____

Pictures Taken: Yes _____ No _____

Area in compliance with codes: Yes _____ No _____

Work Order Issued: Yes _____ No _____ Work Order #: _____

Scheduled Completion Date: _____

Work Completed: _____

Repaired by: _____

Signature

Date: _____

White copy: Risk Management

Yellow copy: Health Office

Pink copy with map: Maintenance