

**CLARK COUNTY  
Unsafe Condition Or Hazard Report**

Instructions:

- Use this form to report an unsafe working condition that does not require immediate action.
- This form should NOT be used to *initially* report immediate and dangerous working conditions. See page 2 of this form for instructions on such conditions.
- This form should be completed, fully and legibly, with as much detail as possible. If additional space is needed, print information on a separate piece of paper and attach. If you need assistance in filling out the form, please contact the Office of Personnel at 715-743-5298
- Submit completed forms to your Department Head with a copy to the Maintenance Department and the Office of Personnel.

Employee's Name: _____ Job Title: _____ Date of Report: _____	<b>DATE AND TIME RECEIVED</b> <i>(for County use only)</i>
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1. Location Of Condition Believed To Be Unsafe Or Hazardous (specify exact location where alleged unsafe or hazardous condition exists, the type of work performed and the approximate number of employees in the location. Use a separate form for each unsafe or hazardous condition).

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2. Detailed Description Of Unsafe Or Hazardous Condition And Its Cause:

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3. Date And Time Unsafe Or Hazardous Condition First Observed By Employee:

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4. Are there any employees or other individuals who you believe have been injured or become ill from the unsafe or hazardous condition? If so, please identify the employee or individual, the nature or the illness or injury and the date on which the employee or individual was injured or became ill.

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5. To your knowledge, has the unsafe or hazardous condition previously been reported to a person in management? If so, to whom was the condition reported and on what date or dates?

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6. To your knowledge, has the unsafe or hazardous condition previously been inspected? If so, who inspected the condition, when was the inspection and what was the result of the inspection?

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7. What changes would you recommend to correct the unsafe or hazardous condition?

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8. Certification.

By my signature below, I certify that I have read the above report and declare that the information in the report is true and correct.

Signature of Employee: \_\_\_\_\_

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

### **Immediate and Dangerous Working Conditions**

1. This form should not be used to *initially* report immediate and dangerous working conditions. If a dangerous working condition exists that requires immediate corrective action, the employee must notify his/her supervisor at once. If the situation involves serious injury and/or the need for rescue, fire, or other emergency response, call 9-1-1 immediately.

2. Upon being advised of an immediate and dangerous working condition, the supervisor shall evaluate the condition take any immediate action necessary to correct or minimize the hazard to a reasonable standard of safety. The supervisor shall notify the Department Head and the Office of Personnel of the employee's report of an immediate and dangerous working condition and the corrective action, if any, taken by the supervisor.

3. If corrective action is not taken immediately by the supervisor, or the employee believes that action taken by the supervisor does not minimize the hazard to a reasonable standard of safety, the employee shall immediately report the hazard to the Department Head and fill out and file this Unsafe Condition or Hazard Report with the Office of Personnel.

4. The Department Head will designate the appropriate individual to go to the scene immediately, evaluate the situation, make a judgment, and document and communicate the decision on appropriate action to the employee, the supervisor and the Office of Personnel.

5. The County's Personnel Committee will review the information related to the dangerous working condition and determine whether the situation has been satisfactorily resolved or if additional investigation and corrective actions are necessary. The Personnel Manager will advise the employee in writing of the results of the investigation and any corrective action that the County intends to take within ten (10) work days of receipt of this Unsafe Condition or Hazard Report from the employee.

**1. Informal Resolution Participants, date(s) of meeting(s) and location(s):** Describe the individuals involved in attempting to resolve the grievance informally and the date(s)/time(s) of any meeting(s) and the location(s) in which the meeting(s) occurred.

**2. Informal Resolution Discussion Summary.** Provide a description of the efforts made in informally resolving the issues contained in the grievance.

**3. Results of the Meeting:** Describe the end results of the efforts made to resolve the grievance and the rationale used in making these determinations.

- The issue identified does not constitute a workplace safety issue under Wis. Admin. Code Chap. Comm. 32 and thus does not require corrective action.**
  
- The County concurs with the employee's concerns and will be taking corrective action in accordance with law to address the condition.**

**4. Certification and Signature.**

By my signature below, I certify that I have completed the summary above and, under penalty of law, I declare that this information is true and correct.

**Signature of Supervisor:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_