

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: _____