



Irvine Unified School District
Risk Management & Insurance
Anonymous Report – Unsafe Work Condition

Anonymous Report

Revised: April 2020

Date of Report: _____ Date/Time Unsafe Condition Discovered: _____

Physical Address: _____

Specific Location: _____

Specific Concern: _____

How was the unsafe condition discovered?: _____

Was there an injury/illness as a result of this unsafe condition? YES NO N/A

If injury/illness occurred, list the name of the injured person: _____

District Employee Previously Notified (if applicable): _____

If applicable, list the date(s) the unsafe condition was previously reported: _____

If you wish to submit any pictures of the unsafe condition, submit them along with this form to Risk Management & Insurance – Attn: Risk Manager.

For District Use Only

Date Report Received: _____ Date Inspection Occurred: _____

District Employee(s) Conducting Inspection: _____

Proposed Work to Correct Condition (if necessary): _____

Work Order Number (if applicable): _____