NOTICE OF UNSAFE CONDITION/WORK PRACTICE

To: ____________________________________ __________________________________
Responsible Supervisor Unit/Section
Date: _____________________

It is the goal of the Department to maintain a safe environment for all employees. Accidents and injuries are preventable and each DEP employee has a responsibility for safety and the safety of others. Accordingly, the following is submitted to bring to attention to a safety hazard that exists in an area under your supervision.

Description of the unsafe condition/work practice, including the nature of the safety hazard and its location (please describe in detail):

If known, the following describes the cause of this unsafe condition/practice:

Suggestions to improve/eliminate this unsafe condition/practice:

Name: ____________________________________ ____________________________
(optional) Signature

07-31-01