

**Electric City, Inc.**  
**Unsafe Practice/Condition Report Form**

Employees are encouraged to actively participate in our accident prevention program by advising their supervisor or managerial personnel concerning an unsafe condition, including a defective tool or equipment, and an unsafe practice.

The employee should verbally advise his/her supervisor or managerial representative concerning a hazard or the employee may complete an unsafe practice/condition report form and present it to a supervisory or managerial representative.

Supervisory and managerial personnel should take appropriate action and provide the employee with a timely response.

A report form document is provided on the following page.

**Electric City, Inc.**  
**Unsafe Practices/Condition Report**

**Date:** \_\_\_\_\_

**Observation:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name(s) of Person(s) or Equipment Involved:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Your Name:** \_\_\_\_\_

**Corrective Action Taken By You:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Corrective Action Taken By Your Supervisor:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_

**Mechanic's Signature:** \_\_\_\_\_

**Remarks:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_