



# Report of Unsafe Condition

This form is designed for use by management, residents and employees. It is also used by management during formal documented inspections of the property to identify specific problem areas which need immediate attention. Employees and residents are encouraged to use this form to report unsafe conditions to management.

Date \_\_\_\_\_ Time of Report: \_\_\_\_\_

Location: \_\_\_\_\_

Hazard/Problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Submitted by: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## FOR MANAGER USE ONLY

Repair/Correction Necessary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Permanent: \_\_\_\_\_ Temporary: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

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**FILL OUT AND RETURN TO REPORTING PARTY**

Date Condition Inspected: \_\_\_\_\_

Date Work to Start: \_\_\_\_\_

Date Work to be Completed: \_\_\_\_\_

No Action Taken - Reason: \_\_\_\_\_

Reviewed By: \_\_\_\_\_