

Board Policy Document

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## **BUILDINGS AND SITES**

### ***Series 900***

**Policy Title: OSHA Statement**

**Code Number: AR902.7**

#### ***EMPLOYEE CONTENTION THAT AN UNSAFE OR HAZARDOUS CONDITION EXISTS IN THE WORK PLACE***

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Attendance center where condition exists: \_\_\_\_\_

Please provide a precise description of the unsafe or hazardous condition that you contend exists in this work place:

Report received by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Principal or Immediate Supervisor)

First Adoption: August 12, 1997  
Revision Adoption: April 30, 2002  
Legal Reference: