

APPENDIX B

**BUTTE-GLENN COMMUNITY COLLEGE DISTRICT  
REPORTING FORM FOR POSSIBLE UNSAFE CONDITIONS**

DATE: \_\_\_\_\_ SITE LOCATION: \_\_\_\_\_

DESCRIPTION OF POSSIBLE UNSAFE CONDITION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME (OPTIONAL): \_\_\_\_\_

PHONE NUMBER (OPTIONAL): \_\_\_\_\_

**DELIVER TO A MANAGER, SUPERVISOR, FACILITIES  
PLANNING & MANAGEMENT, VICE PRESIDENT FOR  
ADMINISTRATION OR CALL CAMPUS SECURITY  
AT 530-895-2351**

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**FACILITIES PLANNING AND MANAGEMENT USE ONLY**

**DATE RECEIVED:** \_\_\_\_\_

**ACTION TAKEN:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMPLETED BY:** \_\_\_\_\_

**DATE OF COMPLETION:**

\_\_\_\_\_

**COPY TO ORIGINATOR:** \_\_\_ YES \_\_\_ NO

**REFERENCE WORK ORDER NUMBER:** \_\_\_\_\_

**REFERENCE ACCIDENT REPORT NUMBER:** \_\_\_\_\_

**Copies: Facilities Planning and Management (White); Vice President for Administration  
(Canary) Originator (Pink)**