



**RANCHO LOS AMIGOS**  
NATIONAL REHABILITATION CENTER

**RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER**  
**Occupational Therapy and Recreation Therapy Department**

**POLICY AND PROCEDURE**

<b>SUBJECT: EMPLOYEE'S REPORT OF UNSAFE CONDITIONS</b>	<b>Policy No.: 614</b> <b>Revised: January 2020</b> <b>Supersedes: November 2015</b> <b>Page: 1 of 1</b>
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**PURPOSE:**

To communicate employee responsibility and the procedure for reporting unsafe conditions.

**POLICY:**

Any employee who identifies an unsafe condition or an unsafe procedure has the responsibility to report the potential hazard.

**PROCEDURE:**

1. Employee's Responsibility:
  - a. Be on the alert for unsafe conditions or unsafe procedures.
  - b. Initiate an Employee Safety & Security Concerns Program form (Attachment A).
  - c. Complete numbers one through four on the form. Employee name, department and extension are optional.
  - d. Forward the completed form to the OT Clinical Manager or RT Supervisor.
2. OT Clinical Manager's/RT Supervisor's Responsibility:
  - a. Discuss the problem with the employee. Investigate hazard and, if possible, take any necessary steps to correct the situation (e.g., report to Facilities Management Department).
  - b. Submit completed form to the Safety Office using (Attachment A).

Reference: Fire, Safety & Disaster Manual - Safety Section IV.

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Director, Occupational Therapy and Recreation Therapy Department

COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES  
RANCHO LOS AMIGOS NATIONAL REHABILITATION CENTER

EMPLOYEE SAFETY AND SECURITY CONCERNS PROGRAM

Please check appropriate box:

Date \_\_\_\_\_

SAFETY CONCERN     SECURITY CONCERN

This form has been prepared for use by employees who wish to report a concern relating to safety and security, including the work site or elsewhere on Rancho grounds. The program is intended to encourage employees to voice safety or security concerns, have input on corrective measures on an ongoing basis, and present suggestions regarding your personal safety. Please use the form when you believe there is a safety or security issue which places you or others at risk, including how to access your Safety Committee. All employee safety and security complaints/concerns received by the Safety Committee will be investigated and responded to promptly and directly with the employee.

1. **Summary of Safety/Security Concerns**  
Issue:

2. **Date Identified:** \_\_\_\_\_ **Time:** \_\_\_\_\_

3. **Verbally reported concerns to Los Angeles Sheriff's Department/Safety Office?**

Yes \_\_\_\_\_ No \_\_\_\_\_ **Date Reported:** \_\_\_\_\_ **Time:**  
\_\_\_\_\_

4. **Summary of Safety/Security Suggestion(s)**  
(Please describe in detail)

(Optional)  
5. **Employee Name** \_\_\_\_\_ **Dept.** \_\_\_\_\_ **Ext.**

Please submit completed form to Safety Officer, Facilities Management, Warehouse 201-E

For Safety Committee Use Only

Action Taken: