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| **CUTLER-OROSI JOINT UNIFIED SCHOOL DISTRICT**<br><br>**EMPLOYEE SAFETY RECOMMENDATION FORM** | |
| LOCATION: | DEPT: |
| SUPERVISOR: | DATE: |
| **IDENTIFICATION OF SAFETY OR HEALTH HAZARD** | |
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| **SUGGESTION FOR ABATEMENT OF THE SAFETY OR HEALTH HAZARD** | |
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| **DO NOT WRITE BELOW THIS LINE** | |
| Date complaint was investigated: | |
| Investigated by: | |
| Action taken: | |
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| Date Action was reported to the employee: | |
| Comments: | |
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