

SAFETY HAZARD/SUGGESTION REPORT FORM

This form is for use by employees who wish to provide a safety suggestion or report an unsafe workplace condition or practice (see reverse side for instructions).

SECTION I - EMPLOYEE

Employees are advised that use of this form or other reports of unsafe conditions or practices are protected by law. It would be illegal for the employer to take any action against an employee in reprisal for exercising rights to participate in communications involving safety.

School District: _____ Location: _____

Description of unsafe condition or safety suggestion: _____

Recommendation(s) for correction: _____

Date this form forwarded to your supervisor: _____

Name of supervisor: (Print) _____

Employee name (optional): _____ Dept. _____

SECTION II - SUPERVISOR

The employer will investigate any report or question as required by the Injury and Illness Prevention Program Standard and advise the employee who provided the information or the workers in the area of the employer's response.

Supervisor's evaluation and plan of action: _____

Signature: _____ Date: _____

Date sent to safety committee: _____

SAFETY COMMITTEE REVIEW

Date: _____ Action taken: _____

District Use Only

White - Safety Committee
Canary - Supervisor
Pink - Originator
Goldenrod - SIPE Safety Office

Control # _____
Originator notified _____
Completed date _____

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