

APPENDIX G

EMPLOYEE SAFETY RECOMMENDATION FORM

This form is for use by employees who wish to provide a safety suggestion or report an unsafe workplace condition or practice.

Location: _____ Dept: _____
Supervisor: _____ Date: _____

IDENTIFICATION OF SAFETY OR HEALTH HAZARD:

SUGGESTIONS FOR ABATEMENT OF THE SAFETY OR HEALTH HAZARD:

DO NOT WRITE BELOW THIS LINE

Date Complaint was investigated: _____

Investigated by: _____

Action taken _____

Date Action was reported to the employee: _____

Employee Name (Optional): _____

Comments: _____
