

SAFETY SUGGESTION/HAZARD REPORT FORM

To be completed for any safety related issue (hazard, difficult task, idea for a better or safer way to do a task). Complete and give to your supervisor or safety committee member.

1) Date: _____

2) Name (optional): _____

3) Location: _____

4) Hazard or Concern:

5) Ideas/Recommended Actions:

The following section is to be completed by the manager and then posted

6) Action to be taken:

7) Person responsible to correct: _____

8) To be corrected by (date): _____