

Employee Safety and Health Concern Form

To employee: Complete the first section below and return to your supervisor, the maintenance manager, or a safety committee member. If you would like a personal response, include your name.

Employee name (optional) _____ Date _____

Department _____ Location of concern _____

Description of safety/health concern (be as specific as possible):

For safety committee use only

Action taken:

Follow-up action:

Completion date _____ Signature _____