

EMPLOYEE SAFETY AND HEALTH SUGGESTION FORM

Complete the section below and return to your Safety Committee Representative.

Employee Name (optional): _____ Date: _____

Department/Facility: _____

Description of safety and health suggestion / concern. Be as specific as possible:

For Safety Committee use only.

Investigator: _____

Action taken:

Follow-up action:

Completion date: _____ Tracking Log No. : _____