

Safety Suggestion Report Form

Employee Information:

Name: _____

Department: _____

Contact Information: _____

Suggestion Details:

Date of Suggestion: _____

Location Concerned: _____

Detailed Description: _____

Proposed Improvement:

- _____
- _____
- _____

Review and Feedback:

Reviewed By: _____

Date: _____

Comments: _____

Signature:

Employee Signature: _____

Supervisor Signature: _____