



Safety Suggestion / Hazard Report Form

Please complete this form to report any safety-related issue (e.g., hazards, difficult tasks, ideas for a better or safer way to do a task, etc.). You may give this form to your supervisor or safety committee member or put it in a suggestion box as applicable.

* Required

1. Email Address (Optional):

2. Date: *

Example: January 7, 2019

3. Name (Optional):

4. Location: *

5. Hazard or Concern (Please include detail such as room number, specific concern (i.e. six foot social distancing), and any other relevant information): *

6. Ideas / Recommended Actions: *

7. The Safety Committee has reviewed this concern. Action to be taken:

8. Person responsible to correct:

9. To be corrected by (date): *

Example: January 7, 2019

Please send this form to your Safety Committee members

Google Forms