Safety Concern Reporting Form

Employee's Name

Date:

Department:

Supervisor:

Employee Description of Safety Concern:

Employee's proposed solution:

Date received by the Supervisor: (The supervisor had 48 hr to respond to Concern)

Supervisors response and or corrective action to be taken:

Date returned to the Employee:

Employee's Comments

☐ Resolved
☐ Not Resolved

Employee signature_____

Safety concern to be forwarded to J.H.S.C if **Not Resolved** Date Submitted:

J.H.S.C Recommendations

Co-Chair signatures:_____ _____ Date:_____

Management Worker Rep.