

EMPLOYEE SAFETY RECOMMENDATION

Name _____

Date _____

Division _____

Completely describe your suggestion for improvement or the nature of the safety hazard.

Recommendation: _____

Supervisor's Signature _____ Date _____

(Supervisor signs to acknowledge receipt of form, then distributes Gold and Pink copies immediately.)

RESPONSE FROM SUPERVISOR

The employee's supervisor shall be expected to respond to this safety suggestion within ten (10) work days of its receipt. If the employee wishes to discuss the suggestion further after receipt of his supervisor's response, he/she may discuss it with the appropriate division head. After discussion with the appropriate division head, it may be discussed with Personnel or, may be presented to the Safety Committee.

Supervisor's Comments / Action Taken: _____

Supervisor's Signature _____

Date _____

White-supervisor(after responding)

Yellow-Safety committee(after responding)

Gold - Employee copy (before responding)

Pink - Safety committee via Personnel office
(before responding)

COMMITTEE REVIEWED DATE _____ SIGNATURE _____

COMMITTEE AGREES W/ACTION TAKEN: YES _____ NO _____

COMMITTEE REQUESTS FURTHER INFORMATION _____