



Safety Suggestion Form

Please use this form to provide safety suggestions or to report suspected unsafe conditions in the work environment.

Date: _____

Description of potentially unsafe condition: _____

Causes or contributing factors: _____

Your suggestion for improving safety: _____

Has this issue been reported to a supervisor? Yes No

If yes, please provide the supervisor's name: _____

Employee Name (Optional): _____

Department/Project Name (Optional): _____