



SAFETY SUGGESTION FORM

(Instructions: All boxes are to be checked for response click to initiate a check mark if n/a or discrepancies fill in comments!)

This form is for anyone to make suggestions for safer work environments, equipment, and practices.

Department Information:

Name: _____ Department: _____
Date: ____/____/____ Time: ____:____ am ☐ pm ☐ Location: _____
Phone: _____ Cell ☐ Landline ☐ Shift: _____

Unsafe Condition / Action:

- | | | | |
|-----------------------------------------------|--------------------------------------------|--------------------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Doors/Gates unlocked | <input type="checkbox"/> Fire Extinguisher | <input type="checkbox"/> PPE (Personal Protective Equipment) | <input type="checkbox"/> Work Site |
| <input type="checkbox"/> Emergency Plans | <input type="checkbox"/> Heavy Equipment | <input type="checkbox"/> Trailer | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Facility | <input type="checkbox"/> Other Equipment | <input type="checkbox"/> Vehicle | _____. |
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Playground | | |

Comments on Unsafe Action / Condition: Auto-Font 200 characters max

Has anything been done to correct the situation? ☐ Yes ☐ No

Action Taken: Auto-font 200 characters max

Recommendations:(The text box below is auto-font will allow 500 characters)

*Please attach any additional pictures, diagrams or statements.
Submit Form to the Office of Risk & Safety.*