



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:

Doors/Gates unlocked
 Emergency Plans
 Facility
 Fencing

Fire Extinguisher
 Heavy Equipment
 Other Equipment
 Playground

PPE (Personal Protective Equipment
 Trailer
 Vehicle

Work Site
 Other: _____

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.