EMPLOYEE SAFETY SUGGESTION

1. Originator:
Describe safety concern and location: __________________________________________________
___________________________________________________________________________________
Describe remedies for concern: _________________________________________________________
___________________________________________________________________________________
Signature: ___________________________ School:_______________________ Date: ____________
(Please forward to your building Principal or Building Supervisor, who will forward it to the Safety Committee whether action was taken or not.)

2. Principal/Building Supervisor:
Action taken and/or comments, (include w.o.# or req# if applicable): _____________________________
___________________________________________________________________________________
___________________________________________________________________________________
Signature: ________________________________________________________ Date: _____________
(Please forward to the Safety Committee Chairperson even if action was taken or the concern was remedied.)

3. Safety Committee:
Action taken and/or comments: __________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
Signature: ________________________________________________________ Date: _____________
(Please forward to the Business Manager, if required, otherwise skip to section five and respond to the originator.)

4. Director of Operations:
Action taken and/or comments: __________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
Signature: ________________________________________________________ Date: _____________
(Please return to the Safety Committee Chairperson within 30 days of receipt of this notice.)

5. Safety Committee:
Final comments to originator or follow up action required: _________________________________
___________________________________________________________________________________
Signature: ________________________________________________________ Date: _____________
(Please return to originator.)