



Safety Concern Reporting Form

Employee's Name

Date:

Department:

Supervisor:

Employee Description of Safety Concern:

Employee's proposed solution:

Date received by the Supervisor:

(The supervisor had 48 hr to respond to Concern)

Supervisors response and or corrective action to be taken:

Date returned to the Employee:

Employee's Comments

Resolved
 Not Resolved

Employee signature _____

Safety concern to be forwarded to J.H.S.C if **Not Resolved**

Date Submitted: _____

J.H.S.C Recommendations

Co-Chair signatures: _____

Management

Worker Rep.

Date: _____