

Employee's Safety Suggestion

Employee's Name (optional): _____ Date: _____

Supervisor's Name: _____

CURRENT PRACTICE OR CONDITION:

SUGGESTION:

BENEFITS EXPECTED FROM CHANGE:

(FOR SAFETY COMMITTEE USE ONLY)

Year: _____ Number: _____

Suggestion Implemented? Yes – as submitted Yes – with changes No

Implementation Date: _____

Comments/Changes Made/Reason for change or not implemented:
