

## **EMPLOYEE SAFETY SUGGESTION**

This form is for use by employees who wish to provide a safety suggestion or report an unsafe workplace condition or practice.

Description of unsafe condition or practice (location):

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Causes or other contributing practices:

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Employee's suggestion for improving safety:

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Has this matter been reported to a supervisor? Yes \_\_\_\_\_ No \_\_\_\_\_

Employee's name: (Optional) \_\_\_\_\_

**Employees are advised the use of this form or other reports of unsafe conditions or practices are protected by law (LC 6401.7(a)(5)). It would be illegal for the employer to take any action against an employee in reprisal for exercising rights to participate in communications involving safety. The employer will investigate any report or question as required by the Injury and Illness Prevention Program Standard (\*CCR 3203) and advise the employee who provided the information or the workers in the area of the employer's response.**

### **For Administration Use Only:**

Date affected employees informed of investigation results: \_\_\_\_\_

Date of correction or other completing action: \_\_\_\_\_

Abatement verified by: \_\_\_\_\_

Description of abatement action: \_\_\_\_\_

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