

EMPLOYEE SAFETY INFORMATION FORM

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

To: Safety Coordinator, PO Box 11127

Description of unsafe condition or practice:

Causes or other contributing factors:

Employee's suggestion for improving safety:

Has this matter been reported to a supervisor?: _____

Employee Name (OPTIONAL): _____

Division/Section: _____ Date: _____