

**BETHLEHEM AREA SCHOOL DISTRICT**  
**Bethlehem, Pennsylvania**

*Employee's Safety Suggestion and Safety Hazard Report*

*Name:* \_\_\_\_\_ *Date:* \_\_\_\_\_  
*(Optional)*

*School/Department:* \_\_\_\_\_

*Area:* \_\_\_\_\_  
*(If Applicable)*

*Safety Hazard to be Corrected/Potential Safety Hazard:*

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*How to Keep Hazard from Occurring Again/How to Correct:*

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**Please return completed form to the Maintenance Department via interdistrict mail or fax to: 610-807-5574. Form may also be emailed to: [wsc@smtp1.beth.k12.pa.us](mailto:wsc@smtp1.beth.k12.pa.us)**