

# EMPLOYEE/VOLUNTEER SAFETY SUGGESTION FORM

*Who has better ideas than those performing the task?*

Employee/Volunteer Name (optional): \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor or Activity Leader's Name: \_\_\_\_\_

Current Practice Or Condition:

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Suggestion:

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Benefits Expected From Change:

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**(FOR HOUSE OF WORSHIP BOARD USE, if applicable)**

Year: \_\_\_\_\_ Number: \_\_\_\_\_

Suggestion Implemented? \_\_\_\_ Yes – as submitted \_\_\_\_ Yes - with changes \_\_\_\_ No

Implementation Date: \_\_\_\_\_

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

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