

Report of Safety Concerns

Site _____

Location of Concern _____

Nature of Concern _____

Suggested Remedy _____

Reported by: _____ Date _____
(Optional)

For Official Use - Do Not Write Below This Line

Action Taken _____

Signature _____ Date _____
(Site Safety Committee Member)

Distribution: Original - Site Safety Committee
 Copy - Risk Management
 Copy - Originator