

**EMPLOYEE SAFETY SUGGESTION**

**1. Originator:**

Describe safety concern and location: \_\_\_\_\_  
\_\_\_\_\_

Describe remedies for concern: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_

(Please forward to your building Principal or Building Supervisor, who will forward it to the Safety Committee whether action was taken or not.)

**2. Principal/Building Supervisor:**

Action taken and/or comments, (include w.o.# or req# if applicable): \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Please forward to the Safety Committee Chairperson even if action was taken or the concern was remedied.)

**3. Safety Committee:**

Action taken and/or comments: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Please forward to the Business Manager, if required, otherwise skip to section five and respond to the originator.)

**4. Director of Operations:**

Action taken and/or comments: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Please return to the Safety Committee Chairperson within 30 days of receipt of this notice.)

**5. Safety Committee:**

Final comments to originator or follow up action required: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Please return to originator.)