

SAFETY SUGGESTION FORM

The guidelines for our company safety program include providing the opportunity for all employees to make suggestions and recommendations concerning safety and health.
(This form is for items not requiring a work order.)

Date: _____

Name: _____

Employee Number: _____

Department: _____

Suggestions/Comments:

Response:

Signature: _____

Return your suggestion form to Human Resources with your name and department in case a response is needed.