SAFETY SUGGESTION FORM

Date: ___________________

To:    _________________________________

The following suggestion provides information regarding either a safety improvement or the recognition of a safety hazard. (Please include as much information as possible).

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___________________________________________________________________________

Name __________________________ Phone __________________________

Suggested corrective action, if appropriate:

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

(Name and phone number are optional. If more space is needed, please use back of page).