

Health & Safety Report for Concerns/Suggestions

TO IMMEDIATE SUPERVISOR

DATE:	
EMPLOYEE:	LOCATION:
SECTION I - Concern/Suggestion	
SECTION II - Action Taken	
	sions in writing. locally, indicate reason and forward response to the y to the appropriate Superintendent/Manager.
Signature of Site Manager/Principal/Sup	pervisor Date
Distribute copies to:	
Originator	
Health and Safety Officer – Facilities	Department
Superintendent	
Immediate Supervisor	
Workplace Alternates	
Principal	