



SAFETY & HEALTH SUGGESTION FORM

To help the department / facility achieve a healthier and safer work environment, use this form to submit suggestions for improving the health and safety of your work environment. The form can be used to report unsafe acts or conditions and to suggest ideas for performing tasks safer. By including your name, staff can seek clarifying information about your suggestion, and you will receive a response to your suggestion.

Explanation of suggestion

What benefit will be received if the suggestion is implemented?

Is there a cost associated with the suggestion?

Yes No Unsure Estimated Cost \$

In your opinion, is there an immediate health or safety concern if the idea is not implemented? Please explain.

Yes No Unsure

YOUR NAME (optional)

Date

Work Phone Number or
E-Mail