

EMPLOYEE SAFETY SUGGESTION /HAZARD FORM

To help the Town achieve a healthier and safer work environment, use this form to submit suggestions for improving the health and safety of your work environment. This form can be used to report unsafe acts or conditions and to suggest ideas for performing tasks safer. Providing your name is optional. However, by providing your name, staff can seek clarifying information about your suggestion, and you will receive a response to your suggestion.

Date of entry: _____

Location of unsafe condition: _____

Date of observation: _____

Is this COVID related? Yes/No

Description of potentially unsafe condition:

Causes or contributing factors:

Your suggestion for improving safety:

Has this issue been reported to a supervisor? Yes/No

If yes, please provide the supervisor's name: _____

Your name (optional): _____