

## APPENDIX G

### EMPLOYEE SAFETY RECOMMENDATION FORM

This form is for use by employees who wish to provide a safety suggestion or report an unsafe workplace condition or practice.

Location: \_\_\_\_\_ Dept: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

IDENTIFICATION OF SAFETY OR HEALTH HAZARD:

\_\_\_\_\_

SUGGESTIONS FOR ABATEMENT OF THE SAFETY OR HEALTH HAZARD:

\_\_\_\_\_  
\_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

Date Complaint was investigated: \_\_\_\_\_

Investigated by: \_\_\_\_\_

Action taken \_\_\_\_\_

Date Action was reported to the employee: \_\_\_\_\_

Employee Name (Optional): \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

UPON COMPLETION-Forward this form to Administrative Services (831-646-4040)