



# EMPLOYEE SAFETY SUGGESTION

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

Description of unsafe condition or practice: (location/date/details)

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Employees suggestion for improving safety:

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Supervisor notified: \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, Supervisor name and date of notification) \_\_\_\_\_

Employee name: (optional) \_\_\_\_\_

Date Of Report: \_\_\_\_\_ Department: \_\_\_\_\_

Employees are advised that use of this form or other reports of unsafe conditions or practices are protected by law. It would be illegal for the employer to take any action against an employee in the form of reprisal for exercising rights to participate in communications involving safety.

The employer will investigate all reports or questions as required by the **Injury and Illness Prevention Program Standard (Title 8, CCR 3203)**. The employee will be advised of the employer's response.

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**FOR ADMINISTRATION USE ONLY:**

Date of investigation results were provided to the affected worker(s): \_\_\_\_\_

Date of correction and/or other action: \_\_\_\_\_

Description of abatement action:

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Abatement verification by: \_\_\_\_\_ Date: \_\_\_\_\_

Forward the completed copy to - **VUSD Human Resources Development, attention: HRD Safety Supervisor**