

Form-1

Work Environment Concern Notification Form

Name: _____

Date: _____

Facility: _____

Location: _____

I have a concern about my work environment. I believe I may be working in an unhealthy workspace. The portion of the building I am referring to is (please list specific building location(s) and include room numbers or names where appropriate): _____

I believe my workspace may be unhealthy because I am encountering the following health related issues (please describe personal symptoms such as headache, congestion, etc.):

Please describe conditions in your workspace that you believe are contributing to your symptoms (e.g. accumulation of dust, excessive moisture, etc.). Also list any other reason(s) you believe your symptoms are related to your workspace:

Signature: _____ (Submit completed form to your building administrator)

DISTRICT RESPONSE

Receipt Date: _____

Building Response / Action: _____

Date: _____

Results: _____

Facilities Dept. Receipt Date: _____

Facilities Dept. Response / Action: _____

Date: _____

Results: _____

Facilities Dept. Response / Action: _____

Date: _____

Results: _____

Facilities Dept. - Return to Building / Employee

By: _____

Date: _____

Original to Building Administrator
Green to Operations & Maintenance Department
Yellow to Safety Officer at District Office
Pink for employee response report
Goldenrod for employee records