

BETHLEHEM AREA SCHOOL DISTRICT
Bethlehem, Pennsylvania

Employee's Safety Suggestion and Safety Hazard Report

Name: _____ *Date:* _____
(Optional)

School/Department: _____

Area: _____
(If Applicable)

Safety Hazard to be Corrected/Potential Safety Hazard:

How to Keep Hazard from Occurring Again/How to Correct:

Please return completed form to the Facilities Department via interdistrict mail or fax to: 610-807-5574. Form may also be emailed to: wsc@basdschools.org