

THIS REPORT IDENTIFIES A SAFETY CONCERN THAT COULD CAUSE OR HAS CAUSED AN EMPLOYEE OR CUSTOMER AN ACCIDENT

TO: PROJECT MANAGER OR SUPERVISOR

FROM:

Employee Name (Optional)

Check the appropriate box:

- General Safety**
- Fixtures**
- Equipment**
- Product (Chemicals)**
- Building / Grounds**
- Unsafe work by employee(s)**
- Machinery**
- Orders or Directions**
- Other:** _____

If a product (chemical) or equipment or machinery is involved, please list here:

Item Name:
Brand:
Size:

Draw diagram if needed to explain.

Describe Your Safety Concern:

Describe a Possible Solution or Suggestion:

When completed by employee, give this card to your Project Manager or Supervisor.

Your concern is of great interest to the management staff of Job Options. THANK YOU FOR BRINGING THIS MATTER TO OUR ATTENTION!

NOTE TO PROJECT MANAGER: If you are able to resolve this safety concern at your site level, **send a copy of this form to the concerned employee & Job Options' Safety Officer with your response. If this concern is a government or company one, immediately forward this form to Job Options' Corporate Office, Attn: Safety Officer.**

ACTION TAKEN BY PROJECT MANAGER/SUPERVISOR:

Project Manager/Supervisor Signature

Date Resolved/Re-routed: _____

