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

Fixtures Equipment Product (Chemicals) Building / Grounds Unsafe work by employee(s) Machinery Orders or Directions Other:  f a product (chemical) or equipment or nachinery is involved, please list here:  tem Name: Brand:	Ch	Employee Name (Options the Chief the appropriate box:	al)
f a product (chemical) or equipment or machinery is involved, please list here: tem Name: Brand: Size:	1 1 1 1	Fixtures Equipment Product (Chemicals) Building / Grounds Unsafe work by emplo Machinery Orders or Directions	yee(s)
	na Ite Br	achinery is involved, plea em Name: rand:	

Describe a Possible Solution of Suggestion:	

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

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

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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: \_\_\_\_\_

## JOB OPTIONS' SAFETY OFFICER

This Safety Concern Card has been forwarded to JOI's Safety Officer by the Project Manager indicated on the reverse side.

Action Taken To Resolve This Safety Concern:				
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Once this safety concern has been				
resolved, a copy of this form with action taken will be sent to the				
concerned employee and his/her Project				
Manager.				
iviunugoi.				
Safety Officer Signature				
Date Resolved:				

## OTHER ACTION / NOTIFICATION TAKEN REGARDING THIS SAFETY CONCERN:

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## JOB OPTIONS, INC.

## SAFETY CONCERN CARD

AN EMPLOYEE SAFETY CONCERN REPORT CARD

We Want To Hear From You!

