To the Unit Safety Committee:
Please investigate the following safety concern and recommend appropriate corrective action:

Building: ____________________________________________________________

Location: __________________________________________________________

Concern: __________________________________________________________

Possible Solution: __________________________________________________

Name (Please Print) ___________________________ Signature ______________

Phone/E-mail Address __________________________ Date Submitted __________

Unit Safety Committee’s Comments/Recommendations: Concern #: ________________

________________________________________________

________________________________________________

________________________________________________

Committee Chair/Designee (Please print) __________________________ Signature ______________

Phone/E-mail Address __________________________ Date Reviewed/Submitted for Review/Approval __________

Continued on other side
Unit Safety Committee
Safety Concern Form

Unit Administrator: Please review the concern described on the other side of this page and the committee’s recommendations, initial and/or note your comments below, and return this form to the committee chair/designee noted.

Please initial

_____ Approve recommended corrective actions

_____ Do not approve recommended corrective actions

_____ More information needed

Comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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Unit Administrator/designee (Please print)      Signature

Phone / E-mail address      Date Reviewed / Returned to committee

Actions taken:

________________________________________________________________________

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________________________________________________________________________

Committee chair/designee (Please print)      Signature

Phone / E-mail address      Date

When completed, please send a copy of this form to the unit administrator and ensure requestor is advised of actions taken or planned to address this concern.