

**Unit Safety Committee
Safety Concern Form**

Department/Division

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: _____

Unit Administrator/designee (Please print)

Signature

Phone / E-mail address

Date Reviewed / Returned to committee

.....
Actions taken: _____

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.