



# Employee Safety Concern Report

Describe below the unsafe working condition, work practice, activity or equipment that you feel may result in injury or illness, work-flow interruption or property damage. The original report must be forwarded to your immediate supervisor. Please forward copies to your OSHA Compliance Representative and your facility Safety Committee. Please keep a copy for your records. Each recipient of the original must provide a signed copy to the person forwarding the report. The routing of this report and subsequent action must be documented.

           **CHECK HERE IF YOU BELIEVE IMMEDIATE ACTION IS REQUIRED.** (NOTE: All concerns will be reviewed; however, action taken or not taken on specific concerns may be determined by budgetary or human resources constraints.)

\_\_\_\_\_  
\_\_\_\_\_  
**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Location of Concern** \_\_\_\_\_ **Building** \_\_\_\_\_ **Room** \_\_\_\_\_

**Description of Unsafe Condition or Practice** (If an injury, illness or work-flow interruption has resulted from this, please include details.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Diagram of Situation** (if applicable)

**Suggested Remedial Action** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Received by** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Reviewed by** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Referred to** \_\_\_\_\_ **Date** \_\_\_\_\_

**Remedial Action Taken** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Safety Committee Review** \_\_\_\_\_ **Date** \_\_\_\_\_