



1001 Beall Lane * PO Box 3697 * Central Point, OR 97502 * 541-734-5150 * fax: 541-245-9188

SAFETY CONCERN REPORTING

Employee: Complete the top half and return to your safety committee representative or site supervisor. If you would like a personal response, you must include your name.

Employee name (optional) _____ **Date** _____

Center _____ **Position** _____

Description of safety/health concern. Be as specific as possible (location, nature of hazard, etc).

Was a work order submitted for this concern? No Yes Date submitted: _____

Safety Committee use only

Recommended action to be taken: _____

Follow up action: _____

Committee Member _____ Completion date _____

Revised 2017

Safety Representative: After a safety committee review, forward a copy of this completed form to HR.