

**EMPLOYEE SAFETY SUGGESTION**

For Safety Committee Use

Year    -----

Number   -----

Employee Name\_\_\_\_\_Date\_\_\_\_\_

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**CURRENT PRACTICE OR CONDITION**

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**SUGGESTION**

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**BENEFITS EXPECTED FROM CHANGE**

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**ACTION (for Committee use)**

Department Committee\_\_\_\_\_Date Acted On\_\_\_\_\_

Department Committee\_\_\_\_\_Date Acted On\_\_\_\_\_

Department Committee\_\_\_\_\_Date Acted On\_\_\_\_\_