Employee Safety Report

This form is for use by employees who wish to provide a safety suggestion or report an unsafe workplace condition or practice.

1. Description of Unsafe Condition or Practice:

2. Causes or Other Contributing Factors:

3. Employee's Suggestion for Improving Safety:

Has this matter been reported to the area supervisor?  □ Yes  □ No

Employee Name (optional): 

Department: 

Date: 

Use of this form or other reports of unsafe conditions or practices are protected by law. It would be illegal for the employer to take any action against an employee in reprisal for exercising rights to participate in communications involving safety.