

Employee Safety and Health Hazard/ Concern Notification

We Appreciate Your Concern Regarding the Safety & Health at This Facility

Employee name: _____(Optional) Document: _____
 Location: _____ Bldg./ Area: _____
 Date: _____ Equipment #: _____

Description Of Hazard or Concern

Please Circle "Yes" or "No" to each question

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|---------------------------------------------------------------------------------------|-----|----|
| 1. Is the Hazard / Concern one that should be conducted as a normal part of your job? | Yes | No |
| 2. Do you or your crew have control or responsibility of this Hazard/ Concern? | Yes | No |
| 3. Is this Hazard/ Concern directly associated with your current job assignment? | Yes | No |

- If "YES" is circled on all three questions above, it is your responsibility to correct the hazard without using this procedure. See your Supervisor.
- If "NO" is circled on one or more of the questions, your Hazard/ Concern is the responsibility of another person/group within the company and should be communicated using this form.

Date Assigned to Action Register _____

Responsible Party for Connection _____

Completion Date _____

Connection Communicated to Employee/ Crew _____