



SAFETY SUGGESTIONS SHEET

GENERAL INFORMATION

SUPERVISOR:		LOCATION:	
SITE SUPERVISOR:		DATE:	

SUGGESTION DETAILS

SAFETY CONCERN	LOCATION	PROPOSED SOLUTION
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

ADDITIONAL DETAILS:

FOR INTERNAL USE ONLY

STATUS:	<input type="checkbox"/> PENDING	<input type="checkbox"/> IN PROGRESS	<input type="checkbox"/> RESOLVED
ACTIONS TO BE TAKEN:			
RESPONSIBLE PERSON(S):			
DATE IMPLEMENTED:			
SAFETY MANAGER SIGNATURE			