SAFETY SUGGESTION FORM	Date:	*(Optional)* Name:
	Location	

Thought for Safety Suggestions:

Please use this form for LEGITIMATE suggestions intended to Improve SAFETY.All SAFETY Suggestions will be taken seriously and be reviewed in a timely manner.
The more information provided will better facilitate an understanding of the concern.
Safety first is not an option, Safety Always is our policy!

Description of condition:

Are pictures or sketches included with this suggestion? ***Yes____No____***
Has this matter been discussed with your supervisor? ***Yes____No____***

Suggestion:

Benefits Expected from Change: