

THE SAN LEANDRO UNIFIED SCHOOL DISTRICT

EMPLOYEE SAFETY RECOMMENDATION FORM

LOCATION:

DEPT:

SUPERVISOR:

DATE:

IDENTIFICATION OF SAFETY OR HEALTH HAZARD

SUGGESTION FOR ABATEMENT OF THE SAFETY OR HEALTH HAZARD

DO NOT WRITE BELOW THIS LINE

Date complaint was investigated:

Investigated by:

Action taken:

Date Action was reported to the employee:

Comments: