EMPLOYEE SAFETY RE	ECOMMENDATION FORM
EMPLOYEE SAFETY RECOMMENDATION FORM	
OCATION:	DEPT:
UPERVISOR:	DATE:
IDENTIFICATION OF SAI	FETY OR HEALTH HAZARD
SUGGESTION FOR ABATEMENT O	F THE SAFETY OR HEALTH HAZARD
	BELOW THIS LINE
Date complaint was investigated:	
nvestigated by:	
action taken:	
Date Action was reported to the employee:	
Comments:	