City of Cloquet

EMPLOYEE SAFETY SUGGESTION FORM

This form is for use by employees who wish to provide a safety suggestion or report an unsafe workplace condition or practice.

Description of unsafe condition or practice (Location-Department):			
Has this incident/subject been discussed before? (if ye	s, describe):		
Employee's suggestion for improving safety:			
Has this matter been reported to a supervisor?	Yes	No	Date
Employee's name (Optional):	Date:		
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FOR DEPARTMENT HEAD/SAFETY COMMITTEE/ADMINISTRATION USE ONLY: Description of abatement action, who will take the action and when will the action be taken:			
Date affected employee(s) informed of investigation results:			
Date action completed: Safety Committee Comments/Action Taken:			