**To the employee**: Complete the section below and return to a safety committee representative.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employee name (optional): | | | Date: | |  |
| Work unit: |  | Work section: | |  | |

Describe the hazard or your concern. (Be specific.):

## Safety committee follow-up:

Action taken:

Follow-up action:

Completion date: