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| **Instructions:** To help the agency achieve a healthier and safer work environment, use this form to report suggestions for improving the health and safety of your work environment. The form can be used to report unsafe acts, to suggest ideas for performing tasks safer, or to report safety hazards. By including your name, staff can seek clarifying information about your suggestion, and you will receive a response to your suggestion.  Return completed form to: **Agency Safety Coordinator** | | | |
| **Suggestion Detail:** | | | |
| Explain the suggestion | | | |
|  | | | |
| What benefit will be achieved if the suggestion is implemented? | | | |
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| **Immediate Need:** | | | |
| In your opinion, is there an immediate health or safety concern? Please explain. | | | |
| Yes  No  Unsure | | | |
| **Cost:** | | | |
| Is there a cost associated with suggestion? | | Estimated cost if know? | |
| Yes  No | |  | |
| **Submitter:** | | | |
| Your Name | Phone Number or Email | | Date |
|  |  | |  |