

EMPLOYEE SAFETY AND HEALTH CONCERN FORM

Dallas School District No. 2

Employee: Complete the section below and return to safety committee representative or place in the Safety Committee mailbox at your building. If you would like a personal response, include your name. The Safety Committee will review concerns submitted on a monthly basis, at a regularly scheduled safety committee meeting. If this is an urgent matter, bring it to the attention of the building administrator and/or building engineer immediately.

Employee name (optional): _____ Date: _____

Building name: _____

Room or location of concern: _____

Description of safety/health concern. (Be as specific as possible.):

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Safety Committee use Only

Action taken:

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Follow-up action (if needed):

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Completion Date:

Tracking #:

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