

I. _____
Employee/Department Name **Date Submitted**

A. **Location and Description of Safety Concern:** _____

B. **Employee's Recommendation for Resolution:** _____

II. **Supervisor Response:**

1. **Forward to Safety Officer for action:** _____

2. **No action needed: (Explain in detail)** _____

3. **Action Taken: (Explain)** _____

4. **Forward to Associate Director for review:** _____ **Date:** _____

III. **Action Taken by Safety Officer:** _____

Supervisor's Signature

Date Returned to Employee

White-Supervisor return to Employee when completion of action taken.
Canary-Supervisor submits to Safety Officer, 2000 Carleton St., upon action taken.
Blue-Supervisor retention. Pink-Retained by employee upon submittal to Supervisor.
Green-Submitted by employee to Safety Officer at time form is submitted to the Supervisor.

IIPP - Form Completed (original of this form must be maintained in Department files for at least three years).