

**SAFETY COUNCIL**  
**SAFETY SUGGESTION/CONCERN FORM**

ITEM # : \_\_\_\_\_  
Descriptive Key:  
Electrical/Mechanical/Chemical  
(Circle One)

Contributors Name: \_\_\_\_\_

Reporting Date: \_\_\_\_\_

Safety Item Description:

Possible Solution Options:

RETURN COMPLETED FORM TO SAFETY COUNCIL VIA  
SAFETY SUGGESTION BOX OR DEPARTMENT MAIL ROOM (WRW 222)

