



SAFETY CONCERN

Date _____

Safety Concern:

Describe safety concern: _____

Location: _____

Contributing Factors: _____

Surface Condition: _____

Equipment Condition: _____

Suggestions for Corrective Action: _____

Submitted by: _____ *(not required)*

Action Taken:

Identified Safety Concern: _____

Corrective Action: _____

Projected Completion Date: _____

Action completed by whom: _____ Date _____

Return completed form to the Safety and Risk Office

Verified complete: _____ Date _____