

HEALTH & SAFETY COMMITTEE REPORTING FORM

Section I: (EMPLOYEE): Please complete Section I and forward to your supervisor.

Employee Name <i>(optional)</i> :		Date of Report:	
Work Location:		Location of Concern/Hazard:	

Describe the health/safety concern or hazard:

Section II: (SUPERVISOR): Supervisor has five work days to attempt resolution of health and safety concern or hazard unless it is a matter of life safety and requires immediate action. Supervisor attempts to remediate concern/hazard (as documented below) and forwards this form to Health & Safety Committee district email (Health&Safety@RCSDK12.ORG) within five work days.

Describe the Resolution:	Date of Resolution:

Section III: (HEALTH & SAFETY COMMITTEE): Once the Health & Safety Committee has reviewed this form and commented on the concern/hazard and the resolution, the completed form will be returned to the employee, the supervisor and the Health and Safety Committee members.

Review and Comments:	Date:

