

LOS RIOS COMMUNITY COLLEGE DISTRICT
EMPLOYEE SAFETY INFORMATION FORM

(See back for instructions)

Employee's Name: _____
Job Title: _____

Area/location that you are requesting a safety review: _____

Date and time you observed the area/location: _____

Description of safety concern(s): _____

What changes would you recommend to improve the safety of the area/location?

Signature of Employee: _____ Date: _____
(If the person submitting this form is not known, a direct response will not be possible.)

Reviewed by: _____ Date: _____
Forward to: _____ Date: _____

RESPONSE

Name of person investigating report: _____
Date and time investigated: _____

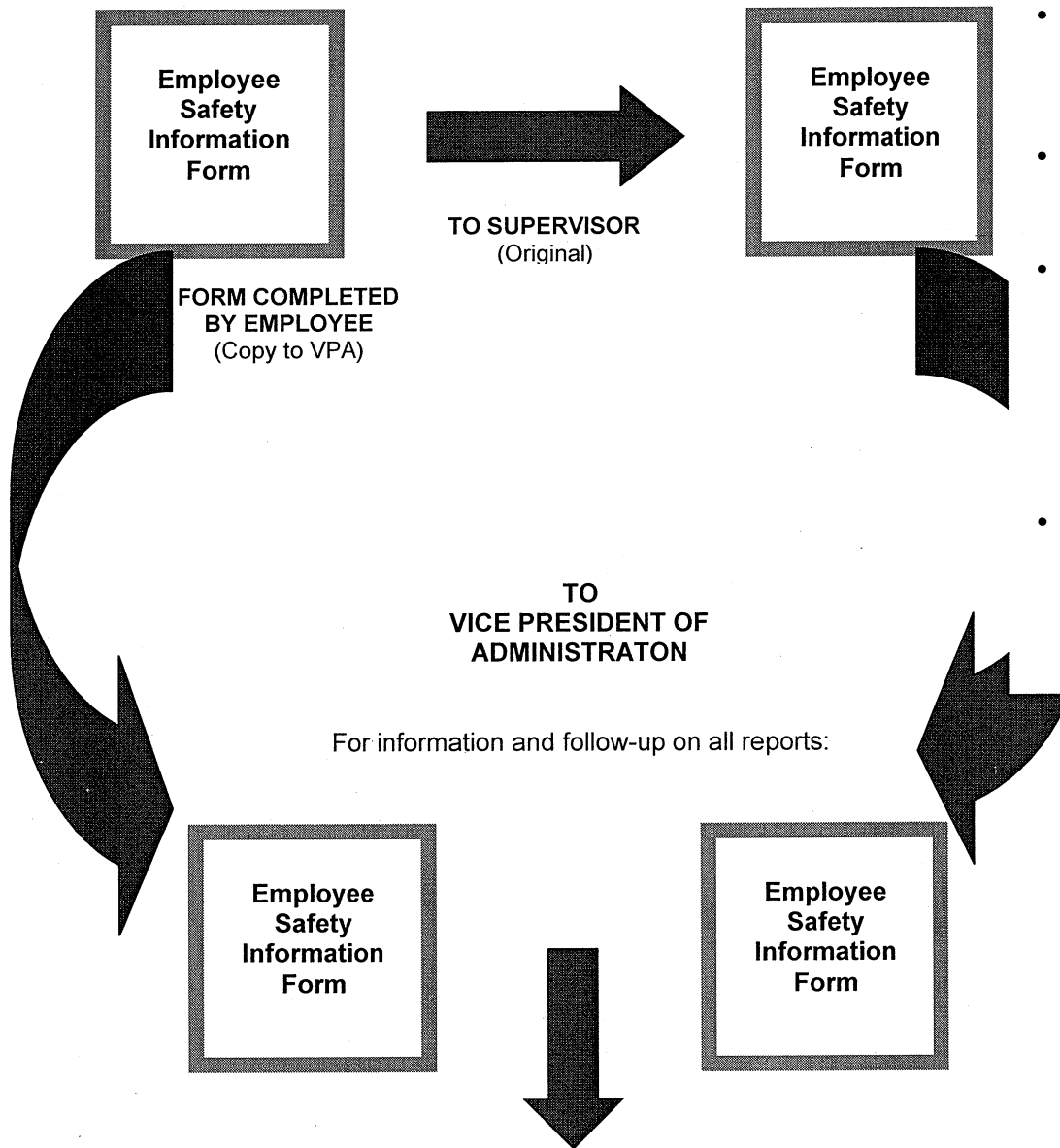
Results of investigation (What was found? Are safety improvements recommended?)
(Attach additional sheets if necessary):

Safety improvements taken, and if appropriate (or alternatively) information
provided to employees as to why safety improvements were not taken.
(Attach additional sheets if necessary):

Signature of person investigation report: _____ Date: _____
Report was sent to: _____ Date: _____

(See flow chart on back of form)

PROCEDURE FOR EMPLOYEE SAFETY INFORMATION FORM



- Supervisor reviews and determines if immediate action needed to improve area/location safety.
- If immediate action is needed, take appropriate action.
- If not, but corrective action is needed, submit request to Facilities Management or appropriate authority, report action on form and forward to V.P. of Administration.
- If no safety improvements are needed, report explanation on form and forward to V.P. of Administration.

For information and follow-up on all reports:

After investigation and report of action taken, copy of form is sent to reporting employee.