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)

GS#35- Rev.8/15
PROCEDURE FOR EMPLOYEE SAFETY INFORMATION FORM

TO SUPERVISOR (Original)

- 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:

TO VICE PRESIDENT OF ADMINISTRATION

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