



Safety Suggestion

Revision Level B - 11/01/05

No. _____
(To be entered by Safety Department)

I suggest that (Attach sketch if required): _____

If adopted, this suggestion will prevent injuries because: _____

Submitted by: _____ Work Group: _____ Date: _____

Signature upon receiving:

3) Originator's Supervisor _____
Signature Date

Reply to Suggestion:

- Your Safety Suggestion has been favorably considered:
 - As suggested
 - As suggested, except as stated below

Corrective Action Has been taken Will be taken by _____ (date)

- Your Safety Suggestion has been considered but will not be adopted, because:

Signature: _____ Date: _____