**Workplace Safety Concern Form**

**1. Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name:** |  | | |
| **Job Title/Position:** |  | **Department/Section:** |  |
| **Employee ID (if applicable):** |  | **Contact Number:** |  |
| **Email Address:** |  | | |

**2. Incident / Concern Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Concern:** |  | **Time (if applicable):** |  |
| **Location of Concern:** |  | | |

**Type of Safety Concern:**

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Unsafe equipment | ☐ Hazardous materials | ☐ Unsafe work practices | ☐ Slip/trip/fall hazard |
| ☐ Electrical hazard | ☐ Fire hazard | ☐ Chemical hazard | ☐ Other: |

**3. Description of Safety Concern**

Provide a detailed explanation of the hazard or safety issue observed.

**Description:**

|  |
| --- |
|  |
|  |
|  |

**4. Immediate Action Taken (if any)**

Describe any steps you took to prevent injury or reduce risk.

|  |
| --- |
|  |
|  |
|  |

**5. Individuals Involved or Affected**

List any employees, visitors, or contractors impacted or at risk.

|  |
| --- |
|  |
|  |
|  |

**6. Risk Level Assessment (Employee’s view)**

How serious is the concern?

* ☐ Low (Minor risk, unlikely to cause harm)
* ☐ Medium (Possible risk requiring attention soon)
* ☐ High (Significant risk that may cause injury or damage)
* ☐ Critical (Immediate danger—stop work required)

**7. Suggested Corrective Actions**

Provide any recommendations to eliminate or minimize the hazard.

|  |
| --- |
|  |
|  |
|  |

**8. Supervisor/Manager Review *(to be completed by management)***

|  |  |  |  |
| --- | --- | --- | --- |
| **Reviewed By:** |  | **Date Reviewed:** |  |
| **Corrective Action Planned:** |  | | |

* **Action Completion Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Follow-Up Required:** ☐ Yes ☐ No

**9. Employee Signature**

I state that the information provided is accurate to the best of my knowledge.

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10. Supervisor/Manager Signature**

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_