

**SAFETY SUGGESTION/CONCERN**

Safety Suggestion (please describe in as much detail as possible): \_\_\_\_\_

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What department (s) will be most affected by your suggestion? \_\_\_\_\_

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If implemented, how will your suggestion improve our work environment? \_\_\_\_\_

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Please list products, items, etc. that may be necessary to implement you suggestion:

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What do you estimate might be the cost of implementation? \_\_\_\_\_

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**NOTE: The Safety Committee will review and make recommendations regarding implementation.**

Name: \_\_\_\_\_

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

**Please return this form to the Entiat School District Office.**

For Safety Committee Use

Date Reviewed:

Recommended for Implementation: YES    NO

Comments:

For Safety Committee Use	Recommended for Implementation: YES    NO
Date Reviewed:	
Comments:	