

S.A.F.E.

Safety Awareness for Employees

This form can be utilized for reporting of unsafe conditions and/or safety suggestions to supervision, Union, or departmental safety representative. (for emergencies call 2-2222) Employee completes a paper copy of this form. Supervision, Union, or departmental safety representative shall work together with the employee to resolve the unsafe condition or move forward with the safety suggestion in the short and long term.

Supervisors, Union, or departmental safety representative must document actions with target dates (short and/or long term) in SMIS and activate within 5 days.

Submitted by

Name _____ "*****Dept. _____ Phone # _____ Date _____
Union Affiliation _____ Shift _____

Supervisor

Name _____ Dept. _____ "Phone # _____ "*****Shift _____

Description:

Recommended Action to be Taken:

SMIS Observation # _____

Agreed Upon Action Items:	Target Date

Signature by originator represents closure of all action items in SMIS: Originator_____ **Date:** _____

File original in department. For USW originated forms, forward copy to WP1-15. Paper copy given to originator after signature.