

David Douglas School District  
**EMPLOYEE INPUT - SAFETY FORM**

Current Date

Name of person completing this form:

Building / Site

To the attention of the Safety Committee:

Please address the following concern I have about on-the-job safety.

\_\_\_\_\_  
Signature of person completing this form

\_\_\_\_\_  
Signature of Building Principal/Supervisor

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**DISTRICT OFFICE USE ONLY**

Completed with Work Order

Referred to Site Safety Committee

Referred to District Safety Committee

Other action taken (describe)

Notified originator of action taken

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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SEND TO THE DIRECTOR OF ADMINISTRATIVE SERVICES IF ACTION IS REQUIRED BY THE DISTRICT SAFETY COMMITTEE.  
A COPY WILL BE RETURNED TO THE ORIGINATOR AND BUILDING PRINCIPAL/SUPERVISOR.  
**PLEASE MAINTAIN A FILE AT THE BUILDING/SUPERVISOR LEVEL**