

David Douglas School District

EMPLOYEE INPUT FORM - SAFETY

_____ Date

To the attention of the Safety Committee:

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

_____ Signature

_____ Building

Signature of Building Principal/Supervisor

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

**SEND TO THE BUSINESS MANAGER 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**