



Safety & Health Concern

(Safety and Health concerns shall be submitted to the Labor Management Safety Committee only after site-specific policies and procedures have been exhausted.)

Date: _____

Building Location: _____

Person Filling Out Form: _____

Safety & Health Concern: **(Limit two items)**

(Use Additional Paper if Needed)

Labor Management Safety Committee Response: _____

Building Principal/Administrator: _____ **Signature** _____ **Date**

Send Original Completed Form To: Coordinator of Health & Safety – Facilities Management Building