

# HEALTH & SAFETY EMPLOYEE SUGGESTION FORM

The purpose of this form is to allow all employees to contribute to the organization by putting their suggestions in writing and have them looked at in a fair and reasonable manner. All suggestions will be responded to, and the employee will be notified of the outcome.

Please describe your suggestion below, and submit to a member of the Health and Safety Committee.

Description of Health and Safety Suggestion:

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Employee Signature: \_\_\_\_\_

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

Committee Use Only:

The suggestion has been responded to: \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Health & Safety Management co-chair  
signature: \_\_\_\_\_

Health & Safety Worker co-chair signature:  
\_\_\_\_\_

Employer  
Signature: \_\_\_\_\_