

Employee Safety, Health, or Environmental Concern Form

Date: _____ Location #: _____

School/Department: _____
List Location of the concern

Administrator Name at Site of Concern: _____

Site's Administrator Notified of Concern Yes No Is the Site Safety Committee aware of the concern? Yes No

Have attempts to correct been made by site? Yes No Work Order created? Yes No W/O#: _____

Description of safety, health, or environmental concern:

Recommendation for correction of concern:

List any attempts made to address concern:

Do you want to be contacted to discuss concern? Yes No

Submitters Name: _____

Optional

Contact Info:

Include phone and/or email address

Please email to: Safety@nv.ccsd.net OR Fax to: 702-799-2995