Southern Tioga School District
Employee Safety Concern Reporting Form

Please complete this form for any safety concerns and submit it to your supervisor. The area(s) of concern will be evaluated and any unsafe conditions will be addressed as soon as possible.

NAME (optional):_____

BUILDING (location of concern):_____

DATE SUBMITTED:_____

AREA—Please describe the exact area where the safety concern is located.

DESCRIPTION OF CONCERN—Please describe the unsafe condition that concerns you.

SUPERVISOR'S RESPONSE—Describe your findings and response to the concern, then send a copy to Penny Crowell, Safety Committee Chairperson.

Date Received by Safety Committee Chairperson:_____
Date Reviewed in Safety Committee Meeting:_____
Recommendations to Administration:_____
_____
_____