

SAFETY SUGGESTION/ENVIRONMENTAL QUALITY REPORTING FORM – Appendix 1

Warren County is committed to providing a safe and healthy environment for our employees. Your suggestions for making this an even safer place to work are welcomed.

First, complete the following form. You may use the reverse if necessary. Then, fill in your name, department, the date, and signature so that you will receive proper recognition for your suggestion (optional). Thank you.

SUBMIT FORM TO YOUR SUPERVISOR. THIS FORM MAY ALSO BE ANONYMOUSLY SUBMITTED TO WARREN COUNTY SELF-INSURANCE AT: 1340 STATE ROUTE 9, LAKE GEORGE, NY 12845

Location of Current Practice/Situation

Building/Location _____ Area: _____
Name: _____

Current Practice/Situation – If applicable

Recommendation(s) – Include projected materials, equipment, and/or supplies, retraining, etc.

Desired Results

All suggestions become the property of the County

Name (optional): _____ Date: _____
Department: _____ Ext: _____
Signature(optional): _____

Thank you for taking the time to contribute your suggestion.

Follow-up Action _____ Date: _____

Distribute to:

- | | | | |
|--------------------------|--------------------|--------------------------|-------------------|
| <input type="checkbox"/> | 1-Supervisor | <input type="checkbox"/> | 4-Department Head |
| <input type="checkbox"/> | 2-Safety Officer | <input type="checkbox"/> | 5-Other _____ |
| <input type="checkbox"/> | 3-Safety Committee | | |

Note: Hazards that may pose an immediate danger to an employee or visitor are to be reported to a supervisor or department head as soon as they are discovered. Also please note this is not a work order process; please use this form to report concerns and suggestions only.