

# Health and Safety Report

Employee Name (optional): \_\_\_\_\_ Date: \_\_\_\_\_

Department/Building Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Employee's Supervisor: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

(optional)

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This form should be used if your concern needs to be addressed by the Health & Safety Committee. Only those issues that have not been satisfactorily resolved through your immediate supervisor should be submitted to the Committee via this form. A specific description of the issue/concern and your observations can help to resolve the problem as quickly as possible. Please use the space below to describe the nature of the concern, the location and any potential causes.

Supervisor contacted?  Y  N If so when \_\_\_\_\_

Date employee first became aware of concern \_\_\_\_\_  
Steps taken to resolve concern: \_\_\_\_\_ (date)

Other staff involved with or affected by concern (please list):

Other staff involved with or affected by solution (please list):

We may need to contact you to discuss this issue. What is the best time to reach you? \_\_\_\_\_  
So that we can respond promptly, please return this form to:

**David Daignault, Coordinator–Health, Safety & Risk Management**  
**6820 Thompson Road; Building A**  
**Syracuse, NY 13221**  
**Fax: (315) 433-2650**

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### Health & Safety Committee Response

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

Action Taken: