



Department of Environmental Health & Safety

## Investigation of Employee Safety Concerns

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### SECTION I: EMPLOYEE INFORMATION AND REQUEST

Employee's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Job Title: \_\_\_\_\_ Bargaining Unit: \_\_\_\_\_

I hereby request the investigation of the following possible unsafe or unhealthy work conditions or lack of adequate safety equipment or clothing:

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### SECTION II: INVESTIGATION RESULTS

Investigator's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Investigation Results:

- I have not identified a safety problem or reason why the employee cannot continue to work in the area. The work is hereby authorized to go forward.
- There is a possible safety problem and the employee may return to work in the area with the following restrictions:
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- There is a safety problem and the employee should be reassigned to a different work location until the matter is corrected.

Further Instructions:

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### SECTION III: EMPLOYEE NOTIFICATION

This is to certify that I have received and read the results of my request for an investigation of a possible safety problem.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_