



SAFETY SUGGESTION/COMPLAINT FORM

Code of Safe Practices Policy #: 2-3

Today's Date: _____	Your Name: _____
Briefly Describe the Workplace Hazard:	
Hazard Location:	
Has the Hazard Been Reported to Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If So, To Whom Was It Reported and When?	
<u>PLEASE RETURN FORM TO CITY SAFETY OFFICER</u>	
SAFETY COMMITTEE/CITY SAFETY OFFICER USE:	
What Has Been Done to Correct the Hazard?	
Who Took Action to Correct the Hazard?	

jmy052018

The City assures you that no retaliation should result against you because you have participated in this process. If a situation occurs, please contact Human Resources immediately.



SAFETY SUGGESTION/COMPLAINT RESPONSE

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RESPONSE TO EMPLOYEE:

Date of Hazard Report: _____

Type of Hazard Reported:

Action Taken:

_____ Hazard Corrected (see below)

_____ Not Identified as Hazard

Date of Response to Employee: _____

Copy to: _____ (Affected Department Supervisor)

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SAFETY HAZARD CORRECTION FORM

FOR USE BY SAFETY OFFICER ONLY

Date: _____

Submitted to: _____ (Dept/Division)

Responsible Person: _____

The following item or procedure was not in compliance with established State of Montana and/or City of Billings safety regulations.

Violation Description:

Recommended Remedy:

Required Action to be Taken: _____ Before Use

_____ ASAP

_____ Immediately

Response Required by: _____

For further information, contact:

City Safety & Risk Officer, JoLynn Yerger
Public Works Safety Officer, Heidi Carver

657-3061
247-8513