



County of Santa Cruz

GENERAL SERVICES DEPARTMENT

701 OCEAN STREET, SUITE 330, SANTA CRUZ, CA 95060-4073

(831) 454-2210 FAX: (831) 454-2710 TDD: (831) 454-2123

NANCY GORDON, DIRECTOR

County of Santa Cruz Employee Safety Suggestion Form

Date: _____

To: _____
(Department Safety Representative)

From: _____
(Employee Name)

Employee Phone Number: (____) _____ - _____ Employee Email: _____

OBSERVED UNSAFE ACT OR CONDITION (to be filled out by employee)

Date: _____ Department: _____ Area: _____

Number of Employees In Area: _____ Name of Supervisor: _____

Description of Unsafe Act or Condition: _____

Classification of Hazard (check one): _____ Imminent _____ Serious _____ Non-Serious

Suggestion for Correction: _____

RESPONSE ACTION TAKEN (to be filled out by Safety Officer)

Date Safety Suggestion Received: _____

Date Safety Suggestion Investigated: _____

Classification of Hazard (check one): _____ Imminent _____ Serious _____ Non-Serious

Findings and Corrective Action Plan: _____

Expected Date Corrective Action Will Be Completed: _____

Name of Department Safety Representative: _____

Dept. Safety Rep. Phone Number: (____) _____ - _____ Email: _____

Cc: Employee
Supervisor
Safety Officer/ Worker's Compensation Manager

NOTE: See instructions for completing form on opposite side of page

Instructions for Completing the Employee Safety Suggestion Form

Unsafe Act or Condition Observed by Employee Portion of Form

Date, To and From- Indicate the present date, the name of the Department Safety Representative and your own name and contact information.

Location and Date of Unsafe Act/Condition- Give EXACT location, department, area (building or work area), and date problem observed.

Number of Employees in Area- Enter the numbers of employees in the work area when you observed the safety problem.

Name of Supervisor- In area where problem observed.

Description of Unsafe Act/Condition/Hazard observed- Describe situation in detail, for instance: equipment used, condition of equipment, condition of work area, apparent source of problem, etc.

Suggestion for Corrective Action- Provide your suggestions or ideas for correcting the observed problem. Use additional sheets of paper if needed.

Distribution- Submit this form to your Department Safety Representative and provide a copy to:
County Safety Officer
County of Santa Cruz
701 Ocean Street, Room 330
Santa Cruz, CA 95060
(831) 454-4820
josh.reilly@co.santa-cruz.ca.us

Response Action by Department Safety Representative Portion of Form

Complete this section of the form and return to the employee **within 30 calendar days** of receiving it. If the employee name is omitted, respond to the supervisor.

Date Safety Suggestion Received- Enter the date you received the employee safety suggestion

Date Safety Suggestion Investigated- Enter the date you began your investigation

Classification of Hazard- Use your best judgment and work experience to rate the observed hazard as Imminent, Serious or Non-Serious. Check one of these options on the form.

Findings and Corrective Action Plan- Briefly describe your findings. Indicate "no hazard observed" if none observed. Outline your plan to correct any observed hazards. If unable to correct the condition within 30 days of receiving the safety suggestion, include a timetable and any interim steps taken to protect employees.

Expected Date Corrective Action Will Be Completed- Indicate the date on which the corrective action plan will be complete.

Name of Dept. Safety Representative- Print your name clearly.

Dept. Safety Rep Phone Number/Email- Fill in current contact information