Corporate Solutions
The Human Resource Solution

Employee's Safety Suggestion

Client Company: _____ Employee Name: _____

Supervisor's Name: _____ Date Submitted: _____

Current practice or condition

_____
_____
_____
_____
_____
_____

Suggestion

_____
_____
_____
_____
_____
_____

Benefits expected from change

_____
_____
_____
_____

_____

(FOR OFFICE USE)

Department Supervisor _____ Date acted on_____

Safety Committee _____Date acted on _____

Date of final action notice to suggestor_____ Implementation Date_____

Comments

_____
_____
_____
_____

2032 Orchid Ave., McAllen, TX 78504 Tel (956) 928-0688/ (888) 785-4018 Fax (956) 928-0963 / (888) 869-9176