

EMPLOYEE SAFETY RECOMMENDATION FORM

Injury & Illness Prevention Program
University of California, San Diego

Location _____ Department _____

Supervisor _____ Date _____

Identification of Safety or Health Hazard
Suggestion for Abatement of the Safety or Health Hazard
<i>Do Not Write Below This Line</i>
Date Complaint Investigated:
Investigated By:
Action Taken:
Date Action Was Reported to the Employee:
Comments: