



## Safety Improvement Report

(Attach Additional Pages as Necessary)

To: \_\_\_\_\_

Date: \_\_\_\_\_

From: \_\_\_\_\_

Department/Site: \_\_\_\_\_

(OPTIONAL)

Please check appropriate box, below, for type of safety improvement needed:

- Improvement needed of a Condition (Equipment, Building, etc.)
- Improvement needed of a Practice or Procedure (How something is done)

Location: \_\_\_\_\_

Description of condition or practice that needs to be improved: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee's Suggestion for Improving Safety: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employee:** Complete Safety Improvement Report, make 1 copy for your immediate supervisor (unless anonymous), 1 copy for yourself and **send the original to the Risk Management Office.**

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### Supervisor's Response – Within 5 Work Days

I agree this needs improvement Date Improved: \_\_\_\_\_  
Estimated Date of Improvement: \_\_\_\_\_  
Action Taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I do not agree that this needs improvement  
Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor's Printed Name: \_\_\_\_\_

**Supervisor:** Complete Safety Improvement Report - Supervisor's Response, make 1 copy for employee (unless anonymous), 1 copy for the **Risk Management Office** and keep original for review by Department Head and required record keeping.



Reports for improvements to safety conditions, practices or procedures are protected by law. The employer is prohibited by law from taking any action against an employee in reprisal for exercising rights to participate in the reporting of improvements needed in safety.

The employer will investigate all Safety Improvement Reports as required by the Illness and Injury Prevention Program (IIPP) and advise the person who reported it of the employer's response. If the report was made anonymously, the employer will advise employees of the area affected.

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Please use this space for additional comments or diagrams: