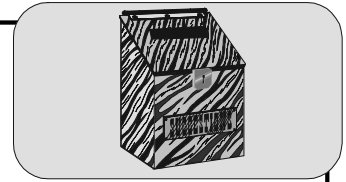


Employee's Safety Suggestion



Date _____

For Safety Committee Use:

Employee's Name _____

Year _____

Supervisor's Name _____

Number _____

Current Practice or Condition

Suggestion

Benefits Expected From Change

Action [For Committee Use]

Department Committee _____

Date Acted On _____

Central Committee _____

Date Acted On _____