

SOUTHEASTERN CALIFORNIA CONFERENCE

**EMPLOYEE SAFETY INFORMATION FORM**

This form is for use by employees who wish to provide a safety suggestion or to report an unsafe workplace condition or practice. It is to be submitted to the Direct Supervisor and faxed to the Conference Human Resources Department at (951) 509-2395.

1. Description of unsafe condition or practice:
  
  
  
  
  
  
  
  
  
  
2. Causes or other contributing factors:
  
  
  
  
  
  
  
  
  
  
3. Employee's suggestion for improving safety:
  
  
  
  
  
  
  
  
  
  
4. Has this matter been reported to the area supervisor? Yes\_\_\_ No\_\_\_

Employee Name (optional): \_\_\_\_\_

Place of Work \_\_\_\_\_ Date: \_\_\_\_\_

Employees are advised that use of this form or other reports of unsafe conditions or practices are protected by law. It is illegal for the employer to take any action against an employee in reprisal for exercising rights to participate in communications involving safety.

The employer will investigate any report or inquiry as required by the Injury and Illness Prevention Program Standard (8CCR 3203) and advise the employee who provided the information or the workers in the area of the employer's response.