SAFETY MANAGEMENT SYSTEM

Safety Issue Reporting Form

Name: _____ Date: _____

Unit or Division: _____

Has this issue been reported to a supervisor? Yes No

If yes, when was it first reported to a supervisor? _____

Location of Issue/Concern: _____

Nature of Issue/Concern: _____

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GTS

To be filled out by Safety Personnel

Name: _____ Date Received: _____

Date Reviewed: _____ Initial Hazard Rating _____

Assigned To: _____ Final Hazard Rating _____

Actions Taken: _____

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Close Date: _____ Manager Signature: _____