



EMPLOYEE SAFETY INFORMATION INPUT FORM:

Bristol Management thanks you for helping us improve safety and prevent workplace injuries and illnesses. Please complete this form to suggest ideas or report an unsafe workplace condition or practice.

Please describe what Bristol Management can do to improve safety:

Please describe any unsafe workplace condition or practice:

What do you think are the causes or other contributing factors to this unsafe condition or practice?

Has this matter been reported to the area supervisor? ___ YES ___ NO

Employee Name (optional)