

ANONYMOUS SAFETY RISK REPORT FORM

_____ This form is provided for the reporting of any at risk situation, near misses or safety suggestions and is intended to promote a continuing effort to make our jobsites a safety place. The signature and address of the individual submitting the ASRRF are desirable but not mandatory. A signature is required if the individual wishes to have a copy of the completed report returned.

Does this hazard(s) immediately threaten serious physical harm? Yes____ No____
(If yes, immediately contact your Supervisor or Director of Safety @ 815-679-8157)

1. Operation/Activity_____

2. Describe briefly any hazard, at-risk behavior, safety suggestion or near miss.

3. Please indicate your desire:

- I do not want my name revealed (however; office may contact me to gain further information.)
- Anonymous (*This office will be unable to contact with findings/results*)
- Anonymous (*I will call Sean Erlenbeck @ 815-679-8157 to explain details, complete confidentiality will be retained*)

Typed or Printed Name of Employee or Employee Representative (optional)

Signature (optional)

Return completed form to office.