

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 safer 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 President @ 815-955-3972)

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.)
- My name maybe revealed (Points will be awarded in the Employees Who Get It program)
- Anonymous (*This office will be unable to contact with findings/results*)
- Anonymous (*I will call Lexi Southall @ 815-955-3972 to explain details, complete confidentiality will be retained*)

Typed or Printed Name of Employee or Employee Representative (optional) to receive Employees Who Get It points you must print and sign your name

Signature (optional)

Return completed form to office.