

I.B.E.W. Local Union 69

**1408 North Washington
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Safety Committee Report Form

Date Reported: _____

Employee: _____

Date Reported to Committee: _____

Name: _____

Location: _____

Reporting Committee Member: _____

1. Who reported the occurrence?

2. Who was involved?

3. Give a brief description of what happened. (Include time, date, and witnesses. Did an accident or injury occur?)

4. Was the occurrence reported to management? (If so, who?)

5. What were the results?

6. Questions or comments:

7. Recommendation: