

**Bainbridge Island Metropolitan Park and Recreation District
Employee Safety and Health Concern Form**

To employees: Complete the section below and submit to a safety committee representative.

Employee Name: (optional):	Date:
Work Area:	
Issue Report	
Description of safety or health concern. (Please be as specific as possible):	
Safety Committee and Management Review	
Recommended Actions:	
Action Taken:	
Safety Committee Chair signature and date:	Division Director signature and date: