## PALO VERDE COMMUNITY COLLEGE DISTRICT

## SAFETY RECOMMENDATION FORM

DATE:\_\_\_\_\_ DEPT:\_\_\_\_\_ LOCATION:\_\_\_\_\_

## SUGGESTION FOR ABATEMENT OF THE SAFETY OR HEALTH HAZARD

## DO NOT WRITE BELOW THIS LINE

Date complaint was investigated:

Investigated by:\_\_\_\_\_

Action taken:

Date action was reported to the employee:

Comments: