



JOINT MANAGEMENT/UNION SAFETY COMMITTEE

SAFETY CONCERN FORM

Log # _____

TYPE OF HAZARD: SAFETY: _____ HEALTH: _____ PLANT: _____

DATE REPORTED: _____ DATE CLEARED: _____

NATURE OF CONCERN: _____

LOCATION/ADDRESS _____

BPC# _____ WIRE CENTER (2 LETTER CODE) _____

REPORTED BY: _____

WORK PHONE NUMBER: _____ WORK CELL NUMBER _____

WORK ADDRESS: _____

COMMITTEE MEMBER: _____

MANAGER REPORTED TO: _____ PHONE #: _____

ON _____ AT _____ AM/PM COPY GIVEN TO MANAGER

ACTION TAKEN: _____

Do you have a safety issue that needs addressed? Please Xerox a copy of this form. Fill in the info requested and give a copy to the manager and return the form by fax to: 216-635-4350. Should you have any questions, please contact your steward or call the Union hall at 216-635-4340.

ON _____ at _____ AM/PM CONTACT MGR TO VERIFY RECEIPT

ON _____ at _____ AM/PM FAXED TO AREA MGR TO RESOLVE

Attention AT&T Managers: When this safety concern/hazard has been corrected, please identify and document what action was taken in the **Action Taken** section above. Once completed, please fax form to the Union Hall at 216-635-4350. Received completed form _____ at _____ AM/pm