



Las Vegas City Employees' Association Safety Oversight Committee Safety Concern Form



Employee Name _____ Date _____

Division _____ Work Phone _____

What is safety concern? _____

When was safety concern identified? _____

How can Safety concern be abated? _____

Who has been notified of safety concern? _____

Where is safety concern located? (describe and diagram) _____

Safety Concern Details (please be as specific as possible)

Employee Signature: _____

Safety Oversight Committee Recommendation:

Human Resources Received Date: _____

Safety Oversight Committee Recommendation Date: _____