

Town of Greenfield
Health and Safety Report Form
(Please return to any Health & Safety Committee Member)

Department: _____ Date: _____

Location: _____

Health / Safety Issue(Be specific, how, what, where etc.: _____

Issue reported by (optional) : _____
Name Title/Dept.

Resolution to Health / Safety complaint: _____

Signature _____ Date _____
Supervisor / Department Head

Signature _____ Date _____
Safety Committee Member

Report Routing: _____ Is this an Emergency? _____ Yes _____ No
____ Supervisor _____ Bargaining Unit
____ Department Head
____ Safety Committee
Note: An Emergency is defined as an *immediate threat* that would cause or is likely to cause death or serious injury.

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