

SAFETY CONCERN
SAFETY SUGGESTION REPORTING FORM

Send all pages to: safety@fargoparks.com



Check All That Apply

- Safety Concern
 - Complete Section A

- Safety Suggestion
 - Complete Section B

Name of Person Submitting Safety Concern / Safety Suggestion

Name _____

Department _____

Phone No. _____

Date Submitted _____

SECTION A

Date Safety Concern Noticed _____

Location _____

Detailed Description of Safety Concern or Potential Hazard

SECTION B

Date Safety Suggestion Submitted _____

Safety Suggestion/Idea
