*SAFETY OBERSERVATION PUBLIC*

|  |  |
| --- | --- |
| DATE:       | SIO # (office use only)       |
| Describe where the observation took place (building/area/etc.):       |
| Safety concern:       |
|  |
| Observed by (You can remain anonymous or give your contact info): (name/. please print)       |
| Safety Committee Review/Comments:       |
| EHS Manager Review/Comments:       |
| Urgency: | Critical [ ]  | ASAP [ ]  | Future [ ]   |

This form may be completed electronically or printed and completed manually. Please forward to the EHS department via e-mail or fax. E-mail – rdeen@sou.edu Fax #. 541-552-6235

REV: IR

DATE: 6-11-2015