*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](mailto:rdeen@sou.edu) Fax #. 541-552-6235

REV: IR

DATE: 6-11-2015