*SAFETY IMPROVEMENT OPPORTUNITY*

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| --- | --- |
| DATE:       | SIO # (office use only)       |
| Describe where the opportunity is (building/area/etc.):       |
| Safety Improvement Opportunity:       |
| Please Describe a Solution You May Have:       |
| Observed By: (name/dept. 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 03/03/2015