*SAFETY IMPROVEMENT OPPORTUNITY*

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

REV 03/03/2015