

APPENDIX B

COR Employee Safety and Health Concern Form

In case of emergency call 911 and HR Office at (707) 476-4140

Name: (optional)	Date:
Area of Occurrence (Please be as specific as possible):	Phone number/ext:
Hazard Report	
Description of safety or health concern (Please be as specific as possible, i.e. what, where, when, attach photo if possible):	
Safety Committee and Management Review	
Recommended Actions:	
Action Taken:	
Date Completed:	Work Order Number: