

**Yakima County Fire District #5
SAFETY CONCERN FORM**

Station#: _____ Date: _____ Person Reporting _____
Do you wish to be contacted for follow up? _____ Phone # _____
E-Mail _____

Safety Problem of Concern: _____

Suggestions: _____

Forward this form to the District Safety Officer:
Date Forwarded: _____ Date Received: _____

Reviewed by Safety Officer Date: _____

Safety officer recommendation: _____

Recommendation reviewed by:

180____ 181____ 182____ 183____

Actions taken:

Actions completed by: _____ **Date:** _____

Corrective Actions Reviewed by:

180____ 181____ 182____ 183____

Safety Committee: _____ Date: _____

Form returned to Safety Officer and Filed

Date: _____