

WORKERS.COM

AN INDUSTRIAL SERVICES COMPANY

"Industrial Personnel Specialists"

Job Site Safety Reporting Form

Instructions: If you feel that there is a safety issue on your job site, please fill out the form below and submit it via fax (925) 680-4482, email (payroll@workers.com), or drop it off at our office. Please do NOT use U.S. Mail as it will not reach us in timely manner for a proper response. A Workers.com representative will follow up as soon as it is received. If you would like to remain anonymous, do not include your name on this form.

Today's Date: _____ Date of Incident (or date you first noticed this safety concern) _____

Company/Work Site: _____

Supervisor's Name: _____

Company/Site Address: _____

City _____ ST _____ Zip _____

Please describe your concern, and give us as much detail as possible:

Optional Information

Your Name: _____

Phone Number (if you would like us to follow-up with you): _____