



NRAO Department of Environmental Safety & Security

Safety Action Report Form

Date Received by ES&S: _____

Safety Action Report Number: _____

Section 1

Condition or activity being reported:

Date of activity:

Time of activity:

Location of activity:

Person completing form:

Date of report:

(If you would like a response from the Safety Division, please sign your name.)

Section 2

ES&S Division Requirements or recommendations proposed to address report:

Signature: _____

Date: _____

Date closed by ES&S: _____

Instructions:

1. Employee Fill out Section I of form.
2. Return completed form to the Site Safety Representative.
3. ES&S will evaluate the condition or activity and, as needed, meet with affected Division Managers/Immediate Supervisors/Employees to develop solutions.
4. ES&S will record requirements and recommendations in section 2.
5. ES&S will provide the requirements to affected Divisions.
6. Solutions will be implemented by the Division Manager, and affected employees notified of any changes to the work and/or changes in safety policies.

Copy To: Site Director; Site ES&S Division; NRAO ES&S Admin Support – dltorres@nrao.edu