**Workplace Safety Suggestion Form**

Complete this form to report a Safety Suggestion to help the company improve employee safety or work processes. This suggestion will be forwarded to personnel on the Kodiak Operations and Safety Teams who have been designated to receive this information. Please describe your suggestion in detail so Operations or the Safety Team can gain an accurate understanding of the suggestion as this will aid Kodiak in evaluating and implementing the suggestion as applicable.

**Section 1: Information About the Person Completing This Report**

Name:

(Leave Blank If Reporting Anonymously)

Job Title:

Date Submitted:

**Section 2: Suggestion Information**

Location/Department:

 (Include job name number if applicable)

Describe Specific Area of Location:

(Be Specific e.g. NW corner of Fabrication Area, East Parking Lot, Building C Roof etc.)

**Describe the Safety Suggestion in Detail**