Safety Concern Sheet

1 Issue Description (Define)

Department: ☐Body ☐Paint ☐Trim ☐Chassis ☐Quality ☐MP&L ☐Skilled Trades | **Shift:** ☐1 ☐2 ☐3

Date:	Time:	Time Employee Began Work:	Bay Location:
Workstation Location:		**Type of Contact**	
Description:		☐Caught in, on, between, or under	☐Contact with Electricity
		☐Exposed to harmful conditions or substance	☐Exposure to Noise
		☐Exposure to extreme temperatures	☐Fall or jump to below
		☐Overexertion-Acute	☐Overexertion-Repetitive
		☐Rubbed or abraded by friction	☐Slip/Trip/Fall
		☐Struck Against	☐Struck by
		☐Other:	

2 Containment (Measure)

Action: _____

Containment Currently in Place? ☐Yes ☐No	Workstation Location:	Bay Location:

Will the containment prevent the Type of Contact identified in the Issue Description? ☐Yes ☐No

If the Type of Contact is Overexertion-Repetitive, has Ergonomics been notified? ☐Yes ☐No

3 Process Verification (Analyze)

Area Supervisor:	WGL:	Operator:
Operation:	Process #:	Bay Location:

Injury Source	**Task/Activity**
Material Handling ☐Manual ☐Crane/Hoist ☐PMHV **Portable Tools** ☐Powered ☐Non-Powered ☐Cutting Tool **Walking Working Surfaces** ☐Stairs ☐Ladder ☐Ramp ☐Floor Surface ☐Platform ☐Other: _____ **Manual Assembling/Disassembling Parts** ☐Fasteners ☐Connectors ☐Clamps ☐Bolts ☐Screws ☐Other: _____	☐Maintenance/Repair-Breakdown ☐Maintenance Routine ☐Manual Assembly or Disassembly ☐Material Handling, including PMHV ☐Office Tasks ☐Not Performing Tasks (walking, bathroom) ☐Driving, operating riding in vehicle ☐Operating Machine/Tooling/Equipment ☐Unknown ☐Other: _____
JSA PPE correct for the task? ☐Yes ☐No Is the operator properly training for the task? ☐Yes ☐No Are any/all hazardous chemicals notes on JSA? ☐Yes ☐No ☐NA	**Reserved**

4 Permanent Corrective Actions (Improve)

Root Cause Understood? ☐Yes ☐No

Personal Factors	**Job Factors**	**Corrective Action**
☐Inappropriate Work Assignment	☐Leadership: _____	☐Education
☐Lack of Appropriate Training	☐Problems in Facility Design, Engineering	☐Enforcement
☐Stress	☐Maintenance Wear & Tear	☐Engineering
☐Motivation	☐Problems with Tools & Equipment	☐Maintenance
☐Abuse/Misuse of Tools & Equipment	☐Problems with Standards or Procedures	☐Counseling/Advisement
		☐Other: _____

Incident Root Cause	**Interim Corrective Action**	**Permanent Corrective Action**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	Target Date: _____	Target Date: _____

Has the corrective action been communicated to other shifts? ☐Yes ☐No Who was contacted**:** _____

Superintendent Review: _____

Department Manager Review: _____

Safety Review: _____

Date Reviewed

_____