

# SafetyToolboxTalks

## BRIESER CONSTRUCTION CO. HAZARDOUS CONDITION/SAFETY SUGGESTION FORM

If an employee identifies a Hazardous Condition, Near Miss or just has a helpful suggestion please fill out the attached *Hazardous Condition/Safety Suggestion Form*. This process of you, the originator, taking the time to fill out the form is invaluable to the continued safety of our workforce. This form allows Management, your SH&E committee and your Safety department to carefully evaluate the issue and decide on a plan of action. The form will then be returned to you and at that time be briefed of the outcome and have an opportunity to add any additional information that you think is necessary. If you agree with the decision of your peers then you will be rewarded a \$25 gift card for your thoughtful participation.

## ANONYMOUS SAFETY RISK REPORT FORM

This form was developed to further encourage participation in keeping your jobsite as safe as it can possibly be. This form is intended to capture Near Miss incidents in the field. It may also be used for safety suggestions or hazardous conditions just like the Hazardous Condition & Safety Suggestion form. We do prefer that you use the Hazardous Condition & Safety Suggestion form if you do not choose to remain anonymous as that form follows a process that allows for your Safety department, management and the SH&E committee to discuss and comment before a determination is made.

Remember!!! YOU DO NOT HAVE TO SIGN THE FORM if you want to remain anonymous. The process will still take place and your concern will be answered just the same.

File an Anonymous Report Form, online if you believe your working conditions are at risk, near miss or have a safety suggestion. Follow these steps:

1. Go to Brieser Construction Web Site at [www.brieserconstruction.com](http://www.brieserconstruction.com)
2. Go to Safety Tab and click.
3. This will take you to the Safety page for Brieser. Go to the middle paragraph and you will see **Submit a Report**. Click on Tab.
4. This will take you to the Log-In page. There will be no user name or passwords needed for this process. Just Click Log-In Tab.
5. This will open up to Anonymous Safety Risk Form.
6. Please fill out sections 1, 2 and 3 below and then click the appropriate button to have your report sent directly to the Director of Health & Safety or President of Brieser Construction. The employee's name and email address of the individual submitting the ASRRF are desirable but not mandatory.

## BRIESER CONSTRUCTION CO. SUPERVISORS INCIDENT/INJURY INVESTIGATION REPORT

This form is found in Section 4 of the Brieser SH&E Manual. This form shall be used for all incidents that are First Aids or Medical Treatment is needed. **This form should be used for Near Misses if you do not wish to remain anonymous.** It is found on page 16 within Section 4.

## BRIESER CONSTRUCTION CO. SUPERVISORS PROPERTY/EQUIPMENT INCIDENT REPORT

This form is found in Section 4 of the Brieser SH&E Manual, pg. 13. This form shall be used for all incidents that involve Equipment or Property damage regardless of severity.

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## HAZARDOUS CONDITION/SAFETY SUGGESTION FORM

Originator: \_\_\_\_\_ Site: \_\_\_\_\_ Date: \_\_\_\_\_

Description of Hazardous Condition or Safety Suggestion: \_\_\_\_\_

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Action Taken or Recommended: \_\_\_\_\_

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**Note: Route to Supervisor**

Supervision Action: \_\_\_\_\_

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Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: Route to SH&E Member**

SH&E Review and Comments: \_\_\_\_\_

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SH&E Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: Route to Safety Manager**

Management Review and Comments: \_\_\_\_\_

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Management Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Review of Final Action: \_\_\_\_\_

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Originator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Use reverse side if needed.

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Scan/safety/safety suggestion form/mmddy description originator

## BRIESER CONSTRUCTION SAFETY MEETING

Week of: \_\_\_\_\_

Job Number: \_\_\_\_\_

Date: \_\_\_\_\_

Job Name: \_\_\_\_\_

Superintendent: \_\_\_\_\_

Site Specific Topics:

\_\_\_\_\_  
\_\_\_\_\_

Crew Safety

Recommendations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reviewed MSDS #: \_\_\_\_\_ Subject: \_\_\_\_\_

Meeting Attended By: (Print your Name)


Supervisor/Foreman: \_\_\_\_\_