

**AMBRIDGE AREA SCHOOL DISTRICT**

**Safety Alert Form for Employees  
(S.A.F.E.)**

*Please submit this form to the Business Office and your issue will be discussed at the next regularly scheduled Employee Safety Committee meeting.*

Today's Date: \_\_\_\_\_ Building: \_\_\_\_\_

Location: (Please enter a description of the location where safety concern exists.)

Specific Issue: (Please describe the nature of the concern and any suggestions for corrective action to be taken.)

Name of employee submitting issue: \_\_\_\_\_

You may email your safety alert form to Debbie Conover at [dconover@ambridge.k12.pa.us](mailto:dconover@ambridge.k12.pa.us).

**THANK YOU FOR YOUR CONCERN FOR THE SAFETY OF YOUR FELLOW EMPLOYEES!**

**For use by the Safety Committee:**

Date of Committee Review: \_\_\_\_\_

Corrective Actions Taken or Response to Safety Concern:

Response provided to employee after meeting?    YES    NO If no, why? \_\_\_\_\_