

# WORK UNIT SAFETY REPORT

New York State Thruway Authority

- For assistance with safety or health issues, contact the Bureau of Occupational Safety and Health Services at (518) 471-4495.
- Attach Additional Sheets as Necessary

Date	Name	Section	Unit
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**Instructions:**  
 A. Describe the safety issue that you would like to see addressed.  
 B. Forward this form to the Supervisor or the Unit Safety Officer.

1. Describe the safety issue: (Max. 550 characters)

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**Instructions for Supervisor or Unit Safety Officer:**  
 A. Sections 1 - 2 below are to be completed by the Supervisor or the Unit Safety Officer.  
 B. Sign this form in the designated spot and forward a copy to the employee.  
 C. If there was no resolution, forward this form to the Division Safety Committee Chair.

1. Describe your understanding of the safety issue: (Max. 550 characters)

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2. Was the issue resolved?       Yes       No

If yes, explain how: (Max. 550 characters)

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Signature of Supervisor or Unit Safety Officer

Date

**Instructions for the Safety Committee:**  
 A. Sections 1 - 2 below are to be completed by the Safety Committee only if the Supervisor or the Unit Safety Officer was unable to resolve the matter.  
 B. Sign this form in the designated spot and forward copies to the employee and the Supervisor or the Unit Safety Officer.

1. Describe the issue:

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2. Document how the issue was resolved:

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Signature of Safety Committee Chairperson

Date