

**VILLAGE OF BLOOMINGDALE
EMPLOYEE SAFETY SUGGESTION PROGRAM**

I. OBJECTIVE

Employees are required to report work related safety hazards to their supervisor. To reward and further encourage employees to develop potential solutions for identified safety hazards, the Village offers Safety Suggestion Awards.

II. EMPLOYEE SAFETY COMMITTEE

Reviews safety suggestions on a bi-monthly basis, and prepares award recommendations, (including a recommendation not to award). The Executive Safety Committee makes the award decision. Up to six suggestions may be awarded per year, in the form of a \$75 gift certificate to a Bloomingdale Restaurant of the employee's choice.

III. REVIEW

- A.** Safety suggestions must identify a safety hazard and potential solution that either relates to on-site job safety, or public safety on Village properties/facilities.
- B.** Employees must first inform their supervisor of the safety hazard/deficiency and potential solution before submitting their suggestion for review/award.
- C.** Safety Suggestions should be submitted on the attached form and sent confidentially to the Safety Committee Secretary, who will withhold names from the copies forwarded to the Employee and Executive Safety Committees for review and award.
- D.** Suggestions will be evaluated bi-monthly, subject to the following criteria:
 - 1. Legitimacy of Safety Suggestion
 - 2. Importance of Safety Suggestion, (Injury/Accident Probable?)
 - 3. Amount of thought employee applied towards identifying and developing a potential solution.
- E.** The Executive Safety Committee reserves the right to hold a suggestion(s) over to the next round, to make a double award in the next round, or to not make an award. Implementation of a safety suggestion is subject to Department review and budget constraints.
- F.** Award of a suggestion does not guarantee implementation of a suggestion, nor does implementation of a suggestion guarantee an award.

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EMPLOYEE SAFETY SUGGESTION FORM

PLEASE PRINT/TYPE, WITH NAME/DEPARTMENT ON REVERSE SIDE

Safety Hazard/Deficiency: _____

Observed within the scope of employment? (Circle One) Yes No

Why is it a Safety Concern? _____

Solution: _____

Estimated Cost to Implement: \$_____

Time Frame to Implement: _____

Did you notify your Supervisor of Safety Concern? (Circle One) Yes No
(Please Provide Supervisor Name on Back)

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PLEASE SUBMIT THIS FORM TO SAFETY COMMITTEE SECRETARY

Employee Name: _____

Department & Position: _____

Supervisor Name: _____