



SAFETY SUGGESTION FORM

Staff, physicians, and volunteers are encouraged to use this form for recommendations for improvement regarding safety in and around the hospital. We want to hear your suggestions as to how we can proactively reduce potential risks to patients, staff and others.

FROM: _____ EXTENSION: _____ DATE: _____

Name/Department (Please Print)

Provide name if you wish a response; you may remain anonymous by omitting name; complete only remainder of form.

SAFETY ISSUE/CONCERN:

EXACT LOCATION AND DATE NOTICED:

NOTE TO STAFF: If issue is urgent and requires immediate attention, please advise supervisor and page Safety Officer at 415 227-6395. If issue is patient-related regarding an unsafe condition, equipment or device problem, please also remember to enter this in the Event Reporting System.

**RETURN FORM TO: Safety Officer (Debi Simon) – via Interoffice Mail or email
(debi.simon@dignityhealth.org or to:**

Employee Health/Workers' Comp (Marc Schmitter) or email (marcschmitter@dignityhealth.org).

Suggestions will be presented to the Saint Francis Safety Committee for discussion/resolution.

Do not write below this line. (For Safety /Employee Safety Use only).

Present to Safety Committee

Refer to Patient Safety Committee

Investigated by: _____

Date: _____

Findings/Recommendations: _____

DATE OF COMPLETION/RESOLUTION: _____

DATE OF RESPONSE TO "SUGGESTOR" if identified in "FROM" above: _____