SAFETY CONCERN/ISSUE/QUESTION FORM			
REQUEST FROM:	PH.#	DATE:	CONTROL NO.
NATURE OF CONCERI	N/ISSUE/QUESTIO	N:	
ACTION YOU WOULD	LIKE TO SEE TAKE	EN:	
RECEIVED BY:	SIGNATURE:		DATE:
PATRICK C. SHAKE			
TOM E. BROOKS			
JOHN KINCAID			
JIM MAW			
OTHER			
RESOLUTION:			

The object of this document is to ensure all your concerns are adressed in a timely and consistent manner. Any issues, concerns or questions pertaining to Safety must be submitted on this form. Address only one issue per form. Any other questions, issues or concerns should be submitted to Jim, Pat, John or another Supervisor and they will all review the issue and the resolution. You will receive an initial response within one (1) week.