Southampton Teachers' Association Safety and Health Committee

S.T.A.S.H.

S.T.A.S.H is your voice to ensure your safety and health while you are at work. Please help us represent your individual concerns with accuracy by filling out this form. All information is strictly confidential. Thank you.

Our Mission Statement: To educate union membership and leadership about particular safety and health concerns and develop strategies for getting priority health and safety issues addressed.

SAFETY AND HEALTH COMPLAINT/CONCERN FORM

Name: _____(optional) Date: _____
Building: SES SIS SHS (circle one) Area/Room: _____

Safety Concern: (electrical, general maintenance, plumbing, paint, etc.)

_____
_____
_____

Health Concern: (symptoms, illness, disease, other, etc.)

_____
_____
_____

*Refer to body map on back to help describe your health concerns……

**Please return this form to your S.T.A.S.H. building representative.

S.T.A.S.H. # _____