

CITY OF KLAMATH FALLS

500 KLAMATH AVENUE - P.O. BOX 237

KLAMATH FALLS, OREGON 97601

Sister City - Rotorua, New Zealand

FAX (541) 883-5399 - TDD (541) 883-5324

STATEMENT OF INTEREST IN CSC MEMBERSHIP

TO: Central Safety Committee

FROM: _____
(Please Print Name) Dept. _____

RE: MEMBER VACANCY ON CENTRAL SAFETY COMMITTEE

Please consider me for membership.

- ❖ I am interested in becoming a member of the City's Central Safety Committee.
- ❖ I understand that my supervisor's comments are required (below).
- ❖ I have read the "Member Responsibilities Description" and feel that I will adequately fulfill the responsibilities of membership.
- ❖ I understand that I am required to complete the following training in order to be a member of the City's Central Safety Committee:
 - ❖ Hazard Identification & Control
 - ❖ Accident Investigation
 - ❖ Safety Meetings & Committees

Additional Comments/Reasons:

Signature

Date

Supervisor Comments: _____

Central Safety Committee Response:

_____ Approved
Please attend the next CSC meeting scheduled for _____
Date

_____ Not approved at this time. Response sent to applicant.