CSLL SAFETY OBSERVATION FORM

OBSERVER INFORMATION	
NAME:	**PHONE**:
ADDRESS:	
TEAM NAME/MANAGER (if applicable):	

HAZARD OBSERVATION INFORMATION	
DATE:	**TIME:**
LOCATION:	**EVENT:** (GAME) (PRACTICE) (OTHER)

DESCRIPTION OF SAFETY HAZARD

(Please describe with detail the safety hazard identified for review by the CSLL Safety Officer):

PROCESSING INSTRUCTIONS

If the Observer above is a player or parent of a player, this form should be submitted to the Team Safety Officer who, in turn, will submit this form, through the Team Manager, to the CSLL Safety Officer. Other Observers should submit this form directly to the CSLL Safety Officer (or CSLL President or Executive Vice President).

CSLL SAFETY OFFICER: Jeanne Igo
CSLL PRESIDENT: Brian Davenport
CSLL Executive Vice President: Phil Grone

DISPOSITION/ ACTION REQUIRED

Safety Officer Signature/Date: