

Use this to report health and safety hazards or concerns to supervision for corrective action. Instructions are on Page 2.  
Report unsafe buildings and grounds conditions directly to Plant Operations Department at ext. 33793 (24 hr service).

<b>HAZARD IDENTIFICATION</b>		
<b>SECTION A: COMPLETED BY EMPLOYEE</b>		
NAME:	NAME OF SUPERVISOR:	
LOCATION OF HAZARD (BUILDING, ROOM, AREA):		
DESCRIPTION OF HAZARD/CONCERN:		
SUGGESTION CORRECTIVE ACTION:		
WORKER SIGNATURE:	SUPERVISOR SIGNATURE:	DATE:
<b>HAZARD ASSESSMENT AND CONTROL</b>		
<b>SECTION B: COMPLETED BY SUPERVISOR</b>		
<b>Loss Potential if not corrected:</b>		
<b>SEVERITY:</b> <input type="checkbox"/> SEVERE <input type="checkbox"/> SERIOUS <input type="checkbox"/> MINIMAL		<b>PROBABILITY:</b> <input type="checkbox"/> HIGH <input type="checkbox"/> MEDIUM <input type="checkbox"/> LOW
ACTION PLAN TO CONTROL HAZARD: (include what, how and who will implement the corrective actions)		
DATE COMPLETED:	SIGNATURE:	
<b>FOLLOW UP:</b>		
IS THE CONCERN RESOLVED? : <input type="checkbox"/> YES <input type="checkbox"/> NO		
IS FURTHER ACTION REQUIRED? EXPLAIN WHAT AND BY WHOM:		
WORKER SIGNATURE:	DATE:	

Cc: Dept. head, Health & Safety Coordinator, Safety Office

**Instructions:**

This report is not meant to replace normal communication channels between an employee and their supervisor in regard to health and safety concerns. Employees are encouraged to speak directly with their supervisor, however, may elect to use this form to record their concerns.

1. Hazards must be reported immediately to your supervisor, either verbally or in writing.
2. Employees should suggest a corrective action(s).
3. Supervisors will provide a copy of the form to the employee after completion of Section A.
4. Supervisors shall provide a written response (Section B) to the employee's concern in a timely manner. The employee may agree or disagree with the corrective action.
5. The completed form (Follow Up section signed and dated by the employee) will be submitted the Department Head, Health & Safety Coordinator and the Safety Office.
6. If the concern is not resolved, the concern may be taken to the [Director of Safety](#) (ext. 35814) or a [Joint Health and Safety Committee](#) member.

**RISK CATEGORY DEFINITIONS**

<b>SEVERITY</b>	<b>PROBABILITY</b>
SEVERE – Danger of death, permanent disability. e.g. critical injury, major or multiple fractures, significant property damage	HIGH – event could happen frequently because exposure to the hazard is likely
SERIOUS – Medical treatment required by a doctor. e.g. burns, fractures or lacerations, moderate property damage	MEDIUM – event is probable; foreseeable varying conditions are present and event is known to have occurred occasionally
MINIMAL – Negligible personal harm or property damage, minor cuts, burns or bruises.	LOW – event is very improbable; a result of a rare combination of circumstances; known to have occurred very infrequently