

# Safety Hazard Report

Please Print

Please Send to Occupational Health and Safety

AM

Date: \_\_\_\_\_

Time: \_\_\_\_\_

PM

Building: \_\_\_\_\_

Room #: \_\_\_\_\_

Name of Person Reporting: \_\_\_\_\_ Phone #: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Work Request # (if available): \_\_\_\_\_

Narrative (observations, discussions, use separate paper for additional information):

Supervisor Received Form: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Initials: \_\_\_\_\_

Action Taken / Follow-up: Date: \_\_\_\_\_

Person(s) Notified: \_\_\_\_\_ Date: \_\_\_\_\_

**Completion Instructions :**

1. Person Reporting: After filling out your information (Top Section and Narrative), give this form to your immediate supervisor. Upon request, the immediate supervisor will provide you with a copy of the form.
2. The supervisor shall resolve/correct the safety hazard.
3. After the hazard has been resolved/corrected, the immediate supervisor will send a copy of the fully completed form to the person reporting and the OHS.

**Note:** After communicating the issue with their supervisor, the person reporting can totally complete this form and resolve / correct the hazard when it is within their job description.