

# SAFETY CONCERN REPORT FORM

<b>Part A: Hazard Identification – completed by the employee</b>	
<b>Employee Information</b>	
Reported by:	Department:
Contact number:	Reported to:
<b>Hazard Description:</b>	
Walking/working surfaces – slips/trips/falls Facilities, housekeeping, maintenance First aid station, fire exits, eye wash, exits, signs Ventilation, air quality Personal protective equipment Hazardous material safety – WHMIS Violence prevention, building access, lighting Ergonomic, workstation, lifting Other	Time observed: Date observed: Location: Description:
<b>Corrective Actions or Action Already Taken</b>	

<b>Part B: Hazard Review – completed by the supervisor</b>	
<b>Supervisor Information</b>	
Name:	Department:
Contact number:	
<b>Step 1: Hazard Rating</b>	
A – Major: Immediate danger which requires immediate corrective action B – Moderate: Hazardous condition or activity which is not immediately dangerous, but needs corrective action C – Minor: Any hazard with low possibility of causing harm D – No hazard: Complete Step 3 with explanation	
<b>Step 2: Corrective Actions Taken or Planned (include specific dates, persons assigned to, etc.)</b>	
<b>Step 3: I Disagree with the Concern Reported (provide explanation)</b>	

Supervisor Signature: \_\_\_\_\_

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

**After completing Part B, return the form to the employee who submitted the concern for review.**

<b>Part C: Follow up – completed by the employee</b>					
Has the hazard been corrected?	Yes	No	Referred to JOHSC or safety representative?	Yes	No
Satisfied with supervisor response?	Yes	No	Referred to Occupational Health and Safety?	Yes	No
Comments:					

Employee Signature: \_\_\_\_\_

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

**Submit the completed form to Occupational Health and Safety (safety@conestogac.on.ca).**