**Appendix 2.1, Hazard Report Form**

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| **Section 1 – *To be completed by employee*** |
| **Employee Name:** | **Date:** |
| **Department/Area:** | **Supervisor Name:** |
| **Please FULLY describe the safety concern or hazard:** |
| **What do you feel can be done to make this situation safer?**  |
| YES | NO | Has the Supervisor for the area been made aware of the safety concern/ or hazard? |
| YES | NO | Has the maintenance team been made aware of the safety concern or hazard? |
| **Section 2 – T*o be completed by supervisor. Review with employee. If employee is satisfied, go to Section 4. If employee is not satisfied, go to Section 3.***  |
| **Supervisor response:**  |
| **Supervisor Name:** | **Date:** |
| **Section 3 – T*o be referred to JOHSC if the employee is not satisfied with the employer’s response***  |
| **JOHSC recommendation(s):**  |
| **JOHSC, Co-Chair Signature:** | **Date:** |
| **JOHSC, Co-Chair Signature:** | **Date:** |
| **Section 4 – *Resolution***  |
| **Describe resolution to hazard:** |
| **Employee Signature:** | **Date:** |
| **Supervisor Signature:** | **Date:** |