

## Hazard Notification Form

Use this form to report and document an unsafe condition or workplace health and safety concern. Your observations can help to identify hazards and resolve problems as quickly as possible. All health and safety concerns should first be reported to your immediate supervisor for follow up. Use the space below to describe the nature of the concern and any suggestions for improvement. For further information on how to report a hazard or unsafe condition, refer to the division *OHS Standard 01-Reporting Workplace Hazards or Unsafe Conditions*.

<b>School/Worksite:</b>	<b>Room/Location of Concern:</b>	<b>Date:</b>
<b>Reported by ( name ) :</b>	<b>Position/title :</b>	<b>Phone :</b>

**Nature of Concern- Check all that apply**

<input type="checkbox"/> Asbestos	<input type="checkbox"/> Ergonomics	<input type="checkbox"/> Mould	Other <input type="checkbox"/>
<input type="checkbox"/> Chemicals	<input type="checkbox"/> Fall Hazard	<input type="checkbox"/> Noise	
<input type="checkbox"/> Confined Space	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Water Quality	
<input type="checkbox"/> Contractor Safety	<input type="checkbox"/> Air quality	<input type="checkbox"/> Working Alone	
<input type="checkbox"/> Equipment/tools	<input type="checkbox"/> Lifting/carrying	<input type="checkbox"/> Violence/harassment	

**Additional Comments** ( Use back of page if necessary):

Return this form to your immediate supervisor. The supervisor will review the information and conduct the appropriate follow up. The recommendations and action taken should be documented below by the supervisor. A copy of the completed form should be filed in the OHS Documentation Binder at the worksite and a copy provided back to the originator. If further consultation is required, the supervisor should contact the health and safety officer at 780-926-2435 for assistance.

<b>Submitted to( Administrator/Supervisor's Name):</b>	<b>Signature:</b>
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Recommendation or Action taken:

Date Completed:

**OFFICE USE ONLY**

Received by:	Date Received :	Assigned to :	Supervisor:
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