



ALGOMA DISTRICT SCHOOL BOARD HAZARD REPORT

Clear Form

PART 1 – TO BE COMPLETED BY THE WORKER AND GIVEN TO YOUR SUPERVISOR

To: _____

Workplace: _____

Description of hazard or safety concern: _____

Recommended Solution: _____

Signature: _____ Date: _____

PART 2 – TO BE COMPLETED BY THE SUPERVISOR WITHIN TEN (10) WORKING DAYS OF ABOVE DATE

AGREE	DISAGREE	DEPARTMENT FORWARDED TO FOR ACTION:
State reason(s) and planned action:		Maintenance Supervisor
_____		Carestaff Supervisor
_____		Health & Safety Office
Signature _____ Date: _____		Internal (Name: _____)
c.c. Health & Safety Office		

PART 3 – TO BE COMPLETED BY RESPONDING DEPARTMENT WITHIN FIVE (5) WORKING DAYS OF ABOVE DATE

1. Action taken: _____

2. Work order issued: Yes No Work Order Number: _____

3. Anticipated completion date: _____

4. Forward a copy to the worker, supervisor and Health & Safety Department.

4. Signature _____ Date: _____

Part 4 – TO BE COMPLETED BY WORKER WITHIN FIVE (5) WORKING DAYS OF ANTICIPATED COMPLETION DATE

1. The responding department took the indicated action: Yes No

2. The action taken has Resolved my concern Not resolved my concern

3. Forward a copy of this form to the Health Safety Office.

4. Signature _____ Date: _____

PROCEDURE FOR RESOLVING WORKER HEALTH & SAFETY CONCERNS

If you have a Health & Safety Concern		Use Hazard Report Form
1) Worker identifies a concern	→	Fill in Part 1
2) Reports concern to supervisor	→	Give form to supervisor(s)
3) Supervisor investigates: <ul style="list-style-type: none"> ▪ Takes immediate action if required ▪ Refers concern to another department if necessary 	→	Fill in Part 2 within 10 days Copy to: 1) Health & Safety Office
4) Responding department outlines action	→	Fill in Part 3 within 5 days Copies to: 1) Worker 2) Supervisor 3) Health & Safety Office
5) Health & Safety Office: <ul style="list-style-type: none"> ▪ Codes form ▪ Discusses at next JHSC Meeting 		
6) Worker responds to supervisor's action	→	Fill in Part 4 within 5 days of anticipated completion date. Copy to: 1) Health & Safety Office

If your supervisor's response has not resolved your concern:		
Health & Safety Office contacts co-chairs of Joint Health & Safety Committee (JHSC).	→	Within 5 days
Action Group contacted, investigates and makes recommendation	→	Within 5 days Letter to: 1) co-chairs of JHSC 2) Health & Safety Office
IF URGENT, Action Groups makes recommendation to Senior Management directly.		
Concern discussed at next JHSC meeting and a recommendation to Senior Management is made	→	Copy to: 1) Worker 2) Supervisor 3) Health & Safety Office 4) Superintendent of Business
Superintendent of Business communicates Senior Management's response	→	Within 10 days Copy to: 1) Worker 2) Supervisor 3) JHSC 4) Health & Safety Office

If Senior Management's response does not resolve your concern:	
<ul style="list-style-type: none"> ▪ Worker may contact Ministry of Labour to investigate 	