



# ALGOMA DISTRICT SCHOOL BOARD HAZARD REPORT

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

To: \_\_\_\_\_ From: \_\_\_\_\_

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

State reason(s) and planned action:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

c.c. Health & Safety Office

### DEPARTMENT FORWARDED TO FOR ACTION:

- Maintenance Supervisor
- Carestaff Supervisor
- Health and Safety Office
- Internal (Name: \_\_\_\_\_)

## 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 worker, supervisor and Health and Safety Office.

5. 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 and Safety Office.

4. Signature \_\_\_\_\_ Date \_\_\_\_\_

## Procedure for Resolving Worker Health and Safety Concerns

### If you have a Health and Safety concern:

- Worker identifies a concern
- Reports concern to supervisor(s)
- Supervisor investigates
  - takes immediate action if required
  - refers concern to another department if necessary
- Responding department outlines action
  
- Health and Safety Office
  - codes form
  - discusses at next JHSC meeting
- Worker responds to supervisor's action

### Use Hazard Report Form

Fill in Part 1

Give form to supervisor(s)

Fill in Part 2 within 10 days

Copy 1) Health & Safety Office

Fill in Part 3 within 5 days

Copy 1) Worker

2) Supervisor

3) Health and Safety Office

Fill in Part 4 within 5 days of anticipated completion date

Copy 1) Health and Safety Office

### If your supervisor's response has not resolved your concern:

- Health and Safety Office contacts Co-Chairs of Joint Health and 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 and Safety Office

*(If URGENT, Action Group makes recommendation to Senior Management directly)*

- Concern discussed at next JHSC meeting and a recommendation to Senior Management is made

Copy

1) Worker

2) Supervisor

3) Health and Safety Office

4) Superintendent of Business

- Superintendent of Business communicates Senior Management's response

Within 10 days

Copy

1) Worker

2) Supervisor

3) JHSC

4) Health and Safety Office

### If Senior Management's response does not resolve your concern:

- Worker may contact Ministry of Labour to investigate