


POLICY: REPORTING & FOLLOW-UP OF HEALTH & SAFETY CONCERNS			NUMBER: S-6
			Page 1 of 2
PREPARED BY: Facilities Management (FM)	AUTHORIZED BY:  Andrew Konowalchuk	CLASSIFICATION: Safety Policy	EFFECTIVE: Nov 23, 2022
			SUPERSEDES: October 18, 2018
<p><u>POLICY</u></p> <p>It is the responsibility of each employee to report health and safety concerns which affect them or which affect other employees. While it is expected that this will be done most of the time informally by oral reporting to the supervisor, occasions arise where the employee may wish to put their suggestion in writing and receive a written reply.</p> <p>The following procedures apply to the "Safety Hazard Report" form (see below). The employee must complete the top half of the form, including the following:</p> <ul style="list-style-type: none"> (a) their name and signature; (b) name of their supervisor; (c) the location and description of the hazard. <p>The supervisor shall complete and sign the response section of the form and return it to the person reporting the hazard. A work order number must be generated for each safety hazard report.</p> <p>For matters that are not rectified after a reasonable length of time (20 work days), the employee should bring it to the attention of their representative member of the Facilities Management Joint Occupational Health & Safety Committee (JOHSC). This issue must then be tabled as an agenda item on the next committee meeting where it will be discussed, follow-up measures recommended, and recorded in the minutes. It will then be the responsibility of Facilities Management (FM) management to undertake follow-up as appropriate.</p>			

SAFETY HAZARD REPORT

Name of Employee	Supervisor's Name
Employee's Signature	Date of Report
Location (building, room, area)	
Description of Concern:	
Supervisor's Response (<i>to be provided in less than 20 work days</i>):	
Supervisor's Signature	Date
Work Order Number	Project Number
<p>note - work order must be generated for each safety hazard report.</p> <p>Notify: <input type="checkbox"/> FM Joint Occupational Health & Safety Committee</p> <p> <input type="checkbox"/> FM Safety Officer</p>	