

Resource 6: Worker Hazard Concern Report Form

Workers:

Workers should report all hazard concerns first to their direct supervisor. If they are not satisfied with the action(s) taken by the supervisor to control the hazard, they can take the concern to any member of the WSH Committee. If the hazard concern is more general and involves many work groups at the workplace, the worker can choose to report the hazard concern directly to the WSH Committee.

WSH Committee

This form is to be used when a worker reports a hazard to the Workplace Safety and Health Committee. It is used to document the worker’s concern and to record the WSH Committee’s recommendation(s) to the employer for addressing the concern. Use one form for each concern. Blank copies of this form should be placed on the WSH Bulletin Board for workers to reference.

The WSH Committee should provide a copy of the completed form to the manager in charge of the workplace for corrective action. A copy should also be sent to the Safety and Health Unit at 500-326 Broadway Ave. Once completed, the form should be posted on the WSH Bulletin Board at the workplace. **Personal Information about the worker reporting the hazard concern is not to be included on this form.**

<p>Concern #:</p>	<p>Hazard Type:</p> <ul style="list-style-type: none"> Chemical Biological Psychosocial (violence, harassment, stress) Ergonomic/Process related Safety (trips, cuts, burns, breaks)
<p>Date Submitted (yyyymmdd):</p>	<p>WSH Committee Meeting Date:</p>
<p>Description of item/concern:</p>	
<p>WSH Committee Recommends:</p>	

Name and Signature of Employer Co-Chair

Name and Signature of Worker Co-chair

Follow up by WSH Committee

Description of Corrective Action Taken:

Please ✓ off the check boxes as tasks completed:

Copy of Hazard Concern Form sent to employer Date: _____

Corrective action taken by employer Date: _____

Copy of completed form posted on WSH Bulletin Board Date: _____

Copy of completed form sent to Safety and Health Unit Date: _____