

This form is to be used for reporting hazards. Employee/faculty to complete Section A of this form if a hazard is noticed and provide copy to the Management Supervisor for further investigation. Management Supervisor to retain copy of completed form. Management Supervisor to provide copy to applicable Health and Safety Officer and Health and Safety Advisor (hsewb@yorku.ca), if unable to resolve internally.

Section A: Employee/faculty Information (Employee/faculty to complete)

Last Name:		First Name:	
Department Name:		Department Location (Room number/Building/Campus):	
Phone #:		Email Address:	

Identify the hazard

Description of situation/hazards (attach pictures, if necessary): *Employee to provide as many details as possible.*

Location(s):		Date:	
Immediate action(s) taken if any:	<i>Employee to take immediate action(s), only if it is safe to do so.</i>		
Suggested corrective action(s) if any:			

Section B: Management Supervisor Information (Management Supervisor to complete)

Last Name:		First Name:	
Department Name:		Department Location (Room number/Building/Campus):	
Phone #:		Email Address:	

Investigation Date:

Upon investigation, select type of hazard reported: Please select **all** that apply

- Air Quality
 Biological
 Chemical
 Electrical
 Ergonomics
 Fire
 Flood
 Housekeeping
 Lighting
 Machine
 Materials
 Material Handling
 Mechanical
 Noise
 Temperature
 Personal Protective Equipment (PPE)
 Psychosocial
 Ventilation
 Work Practices/Procedures
 Other:

Additional notes on hazard:

Corrective Action(s)

Management Supervisor to list all details of steps taken to correct the hazard ie. Persons/other departments involved, dates, third parties involved if any etc.

Responsibility	Corrective Action(s)	Target Completion Date	Completed Date

Resolution (<i>i.e. corrective action(s) are in place</i>)	Date:	
<input type="checkbox"/> Yes <input type="checkbox"/> No Additional comments from employee (if any):		Signature of Employee: Signature of Management Supervisor: