

## HAZARD REPORTING - HR-XI-19

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### **POLICY:**

A hazardous situation/condition is caused by an unsafe act, an unsafe condition or a combination of both in the work environment and in which no injury results. This is a circumstance that could result in property damage/loss and/or physical harm.

A worker who notices a hazardous situation/condition must report it to their Supervisor/or Supervisor-on-Call.

### **PURPOSE:**

1. To inform employees of their obligation to report a hazardous situation/condition.
2. To ensure consistency in the reporting of hazards and to have a procedure, employees can follow to decrease the likelihood of hazards going unnoticed.

### **PROCEDURE:**

#### **Worker Responsibilities:**

1. At any time that a worker identifies a workplace hazard, they must report it to their Supervisor/Supervisor-on-Call. Class A hazard must be immediately reported. The worker must document the hazard on an Inspection Report (see Appendix A), and rate the hazard according to the criteria outlined on the back of the Inspection Report form, and forward the pink copy to the Coordinator, Health and Safety.
2. The worker must inform other co-workers on shift about the hazard and make a notation either in the Residential Communication Book or via e-mail in the case of Administrative office employees, to inform all employees of the hazard. This will decrease the likelihood of other employees being exposed to the hazard and eliminate potential injuries.
3. If the hazard involved equipment that is defective or in need of repair, the worker will follow the procedural guidelines outlined in the Lock-Out for Equipment policy.

Supervisor Responsibilities:

1. The Supervisor is responsible for investigation of the hazard. This will include documenting the cause of the hazard, the equipment or situation involved, contributing factors and interviewing of employees as required.

The Supervisor may request the assistance of the Coordinator, Health and Safety, the Joint Occupational Health and Safety Committee or a worker Health and Safety Representative to investigate the hazard and/or assess/evaluate workplace specific procedures or design related to safety.

All information gathered will be submitted to the Coordinator, Health and Safety, along with the yellow copy of the Inspection Report with the "description of corrective action" complete.

NOTE: Hazards rated as Class "A" will immediately be investigated and corrective action taken. If a task is being performed, the task must be stopped until corrective action has been completed.

Coordinator, Health and Safety Responsibilities:

1. The Coordinator, Health and Safety, is responsible for reviewing the Inspection Report. The Coordinator, Health and Safety, will contact the Supervisor, worker and witnesses to clarify the hazard and ensure that corrective action has been taken and is effective.
2. The Coordinator, Health and Safety, will forward the report to the Joint Occupational Health and Safety Committee/work area representative for review and possible recommendations. Any recommendations made will follow the procedural guidelines outlined in the Recommendations from JOHSC/Worker Representative policy.
3. The report and any recommendations made will be forwarded to the Executive Director for review and/or response.
4. All responses of the Executive Director will be forwarded to the originator, area supervisor and the Coordinator, Health and Safety, and as applicable will be discussed at the next scheduled Joint Occupational Health and Safety Committee meeting. The area Supervisor will remain accountable for follow-up.
5. All hazard reports will be filed in the binders in the Grey Cabinet beside server room on the second floor of the 95 N Cumberland Street building.

**POLICY: HR-XI-19**  
**DEPARTMENT:** Human Resources  
**CATEGORY:** Health and Safety - General  
**EFFECTIVE DATE:** July 2023  
**SUPERSEDES VERSION DATED:** August 2022  
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**RECOMMENDED BY:** Manager, Human Resources

**APPENDICES:** 1

**OPERATIONAL ACCOUNTABILITY:** Administration, Finance, Human Resources,  
Supportive Living Services (all)

**ORIGINAL POLICY DATE:** August 2003

**AUTHORIZED BY:** Executive Director

**SIGNATURE:**

A handwritten signature in black ink, appearing to be 'L. P. R.', is written over a horizontal line.



# WORKPLACE INSPECTION REPORT



Inspected by  Health & Safety Worker Representative  Other \_\_\_\_\_  
 Department \_\_\_\_\_ Date \_\_\_\_\_

WHITE-original remains in binder  
 YELLOW-leave for supervisor  
 PINK-forward to WLS Coordinator

Please use ink and press hard to ensure all copies are clearly marked.

| Item No.   | Inspection Findings | Hazard Description | Hazard Modification Rating* |                    | Correction? | Description of Corrective Action              |                                      | Follow up note to pending corrections |
|--|---------------------|--------------------|-----------------------------|--------------------|-------------|---|--------------------------------------|---------------------------------------|
|  |                     |                    | Ultimate Act                | Ultimate Condition |             | Group Name - For Use by Department Supervisor | Office - For Use by Resource Manager |                                       |
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| Inspected by _____<br>Signatures of Inspectors _____ |                     |                    |                             |                    |             |   |                                      |                                       |
| Signature of Supervisor/Manager _____                |                     |                    |                             |                    |             |   |                                      |                                       |

Comments by Inspectors: (in discussion with workers regarding health & safety concerns, issues, positive progress)

JOHSC Health & Safety Representative Recommendations attached: YES  NO   
 Review by Executive Director: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Executive Director response to Recommendations:  ATTACHED  N/A

