



Workplace Hazard Report Form

See page 2 for completion instructions

BC MENTAL HEALTH
& SUBSTANCE USE SERVICES

LOCATION OF HAZARD:			
Site:		Building:	
Unit:		Room:	
HAZARD TYPE (CHECK ITEMS THAT APPLY THEN DESCRIBE BELOW):			
Air Quality	Violence/Aggression/ Security	Chemical/Irritant/Allergy	Electrical or Other Energy Source
Ergonomic / MSI	Heat or Cold	Laceration/Puncture/ Bruise	Radiation
Slip/Trip/Fall	Noise or Vibration	Mobile Equipment/ Vehicular	Biological/Infectious Agent
Other (describe):			
HAZARD DESCRIPTION:			
Other Dept. or Service Involved:			
REPORTED BY:		Date Reported: _____	
Name: _____		Number to be reached at: _____	
Department Response/Action Taken:			
When and how has the information been communicated to affected staff?			
<input type="checkbox"/> Forwarded for additional action (Dept. or contract manager name):			
<input type="checkbox"/> Maintenance Request Completed		Date requested:	
Unit/Dept. Manager's Name:		Date:	
		Phone #:	

Critical hazard: A hazard that could lead to a serious injury such as exposed wires, icy sidewalks, tools left in the dining room by contractors, etc. Critical hazards must be addressed immediately.

Rev. March 1, 2021

Reminder to all staff and managers: Please include **FPHJOHSC@phsa.ca** when sending the original form and when there is a resolution. This allows us to track what is happening and to follow up as needed. Completed forms will be reviewed at the monthly JOHSC meetings.

PROCEDURES & INSTRUCTIONS

Reporting Workplace Safety & Health Hazards Involving ONLY FPH Services/Depts.

Reporting Employee:

1. Take any action necessary to make the immediate situation safe.
2. Identify location of hazard. Describe the hazard by circling the most appropriate hazard type(s) or use **OTHER**.
3. Give a detailed description of the hazard(s). Include any equipment, task, procedural & environmental issues. Note immediate action.
4. Complete the name and date section. Indicate other departments or services involved or needing to be advised.
5. Email a copy to your Charge Person, Supervisor, or Manager and **FPHJOHSC@phsa.ca**.

Dept. Charge-Person/Supervisor/Manager:

1. Investigate the reported hazard promptly (same shift is best). **Address critical hazards immediately.**
2. Indicate your response/action on the form. On the form note the results of your investigation, all corrective actions taken, and when/how it was communicated to staff/other units.
3. Note any outstanding issues or additional recommended actions and describe the action plan to resolve the hazard.
4. Email copy to the reporting employee within **72 hrs.** after receipt of the report. In addition, email a copy to the following:
 - Originating department records and use (staff review & posting).
 - Send a copy to any other FPH department requiring action or notification.
 - Send a copy to **FPHJOHSC@phsa.ca** for follow-up tracking and JOHSC review.

Workplace Health:

1. Follow-up reports as needed with the appropriate departments and the site Joint OH&S Committee.

UNIT/DEPT. CHARGE-PERSON/SUPERVISOR/MANAGER - PLEASE NOTE:

A workplace health & safety hazard involving a Contracted Service is to be directed to the Director of Facilities Management for assistance in hazard resolution. **Follow the procedure below.**

CRITICAL OR REPEAT HAZARDS INVOLVING CONTRACTED SERVICE PROVIDERS (CSP)

Reporting Employee:

1. Follow procedure # 1 in above section.

Dept. Charge-Person/Supervisor/Manager:

1. Investigate the reported hazards promptly (same shift is best). **Address critical hazards immediately.**
2. Indicate the department response/actions on form. Give the result of your investigation and all corrective actions taken.
 - a. Note any outstanding issues/additional recommended actions for **Director – Facilities Management** to address.
3. Verify that the identified CSP is proper.
4. Within **24 hrs.** after receipt, send the copy to the appropriate **Director – Facilities Management**.
5. Email a copy to the reporting employee and retain a copy for your department records and use.
6. Review and post for staff the Hazard Resolution Plan returned from the **Director – Facilities Management**.

Director – Facilities Management

1. Review the Workplace Hazard Report with the originating department representative.
2. Update any new information on the Hazard Report.
3. Notify the Contracted Service Provider (CSP) representative within **24 hrs.** after receiving the Hazard Report.
4. Within **72 hrs.** after receiving the report complete a Workplace Hazard Resolution Plan with the CSP representative.
5. Send a copy of the Hazard Resolution Plan to the CSP representative, originating department representative, and **FPHJOHSC@phsa.ca**.
6. **Director – Facilities Management** keeps a copy of the Hazard Report along with the Hazard Resolution Plan.

Workplace Health:

1. Follow-up as needed with the **Director – Facilities Management**, appropriate departments & the FPH Joint OH&S Committee.

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