WORKER HEALTH AND SAFETY HAZARD REPORT FORM

Reported by (Signat	ture of Employee:
Reported to:	
working Location:	
Date of Report:	
	Act (behaviours which could lead to an accident/incident) tion (circumstances which could allow the accident to occur)
BE SPECIFIC AND	GIVE DETAILS OF THE HAZARDOUS CONDITION/CONCERN:
Location:	Has this previously been reported: yes no to whom
Immediate Action	Γaken:
	rix, Prioritize Hazard:
1= Urgent; 2= High pr	riority; 3= Medium priority; 4= Low priority; 5/6/7 = Monitor risk
SUPERVISORS REI	PLY:
Actions/Measure tak	en, recommendations made, date completed
Supervisors signature	Date
	Original to Human Resource, Copies to Supervisor, Worker, JHSC,

To be posted on H&S bulletin board when complete. Refer to H&S Policy # 19a

CTRC RISK ASSESSMENT Risk Assessment Matrix

	2: How likely is it to be that bad			
1: How severely could it hurt someone or how sick could it make some one	Very Likely Could happen at any time	Likely Could happen sometime	Unlikely Could happen but very rarely	Very unlikely Could happen but probably never will
Kill or cause permanent damage disability or ill health	1	1	2	3
Long term illness or serious injury	1	2	3	4
Medical attention and several days off	2	3	4	5
First aid needed	3	4	5	6
Insignificant	4	5	6	7
3: Prioritize the action needed	1 = URGENT	2 = HIGH PRIORITY	3 = MEDIUM PRIORITY	4 = LOW PRIORITY
	5/6/7 = MONITOR RISK			