

**COMMUNITY LIVING-CENTRAL HURON
WORKPLACE HAZARD & SUGGESTION REPORT**

EMPLOYEE'S SECTION:

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Employee Name: _____ Date: _____ Time: _____

Has this Hazard been previously Reported: Yes No

If yes, date it was reported: _____ and to whom it was reported _____

Identify Hazard/Danger: Provide specific details (ie. describe situation, date, time, location, vehicle, etc.)

Suggestions / Remedy: _____

Reported to: _____

Date Reported: _____ Time Reported: _____

Employee Signature: _____

Please submit original to relevant Supervisor/Coordinator prior to end of your shift

SUPERVISOR'S SECTION:

Supervisor's Name: _____

Date Received: _____ Time Received: _____

Investigation/Action Taken: _____

Advised the Location Health & Safety Rep: _____ (in person) or _____ (voice mail)

Date submitted to Location Health & Safety Rep: _____

Supervisor's Signature: _____

Original to: Location Health & Safety Rep

Copy to: Employer Health & Safety Rep

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LOCATION HEALTH & SAFETY REP SECTION:

Name of Location Health & Safety Rep receiving Report: _____

Date Received: _____ Time Received: _____

Comments / Suggestions / Recommendations: _____

Signature: _____

Upon completion, the Location Health & Safety Rep will return the completed form to their Supervisor.

Upon final review, the Supervisor will copy to:

_____ Executive Director
_____ Coordinator

_____ Employee
_____ Location (Please specify) _____