



Health and Safety Hazard Report

DATE	TIME	AREA	HAZARD RATING

Name: _____

Phone: _____

Submitted to: _____

Date of Submission: _____

Description of Area Containing the Hazard: _____

Hazard and Danger Involved: _____

Action Taken: _____

Follow-up Required: _____

Copies Sent To: Area Supervisor Joint OH&S Committee Management Co-Chair
 Joint OH&S Committee Union Co-Chair
 Other (Safety Officer, Maintenance Department) _____



B.C. FEDERATION OF LABOUR
 OCCUPATIONAL HEALTH & SAFETY EDUCATION RESOURCE CENTRE
 200-5118 JOYCE ST
 VANCOUVER BC V5R 4H1

604-430-1421
 604-430-5917 FAX
 1-888-223-5669
 E-MAIL: fed_ohs_ed@telus.net
 WEBSITE: www.bcfed.com