



HEALTH & SAFETY UNSAFE CONDITION REPORT FORM

Reporting Procedure Steps

1. Notify immediate supervisor of unsafe conditions within 24 hours.
2. Supervisor investigates with worker representative and documents findings.
3. Review findings with JOH&S Committee.
4. Follow up with worker(s) to ensure corrective actions are effective.

Section 1: Employee Information

- **Name:** _____
- **Job Title:** _____
- **Department/School:** _____
- **Date of Report: //** _____
- **Email:** _____

Section 2: Unsafe Condition Details

- **Date of Incident/Observation: //** _____
- **Time (if applicable):** _____ AM/PM
- **Location of Unsafe Condition:** _____
- **Type of Unsafe Condition (Check all that apply):**
 - Biological Hazard
 - Chemical Hazard
 - Electrical Hazard
 - Fire Safety Hazard
 - Psychological Hazard
 - Lack of PPE (Personal Protective Equipment)
 - Slip/Trip/Fall Hazard
 - Unsafe Equipment/Machinery
 - Unsafe Work Practice
 - Other (Please specify): _____

- **Describe the Unsafe Condition (Provide as much detail as possible):**

- **Were there any injuries or near-misses?**
 Yes No
(If yes, describe what happened and who was involved)

Section 3: Actions Taken

- **Have you reported this to your supervisor?**
 Yes – Name of Supervisor: _____
 No – Reason: _____
- **Were any immediate corrective actions taken?**
 Yes – Describe the action taken: _____
 No – Explain why not: _____

Section 4: Recommended Solutions (Optional)

- **Do you have any suggestions to fix the issue?**
 Yes – Explain: _____
 No

Section 5: H&S Review (For Office Use Only)

- **Received by (H&S Admin):** _____
- **Date Received:** // _____
- **Sent to H&S Manager:** Yes No – Explain why not: _____
- **Follow-up Actions Taken:**
 Investigation Conducted – Date: // _____
 Hazard Eliminated/Corrected – Date: // _____
 Additional Training Provided – Date: // _____



- No Further Action Required
- Other: _____

- **Final Notes:**

- **Reviewed by (name of JOH&S Committee):** _____
- **Date of Review: //**_____

