

# CORPORATION OF THE TOWNSHIP OF SOUTH ALGONQUIN

<b>SUBJECT:</b>	<b>HAZARD REPORTING</b>			
<b>TYPE:</b>	HEALTH AND SAFETY		<b>POLICY NO. HS-003-00</b>	
<b>DATE:</b>	<b>REVIEW DATE:</b>	<b>FREQUENCY:</b>	<b>REL. BY-LAW:</b>	<b>PAGE #:</b>
June 25, 2008		As Required	08-320	1 of 4
<b>Revisions</b>				
June 25, 2008 New Policy				

**I. Purpose:**

To identify the steps to be taken for reporting hazardous conditions that may arise in the workplace.

**II. Responsibility:**

**All employees** are responsible for reporting to his/her supervisor any hazardous conditions that may exist in the workplace.

**Manager (including supervisor)** is responsible for responding to the employee's concern and ensuring the hazardous condition is resolved.

**III. Standards/Procedure:**

1. Employee who identifies a safety hazard/concern should report this to his/her supervisor immediately using the **“Hazard Reporting Form” (Appendix A)**.
2. The supervisor is expected to deal with the matter promptly, consult with others as needed, and advise the employee of the plan of action to resolve the matter. Reasonable time would depend on the potential risk of the situation but should not exceed one week.
3. If the supervisor is unable to resolve the concern, he/she should bring it to the attention of the Clerk-Treasurer.
4. If the employee's concern is not satisfactorily resolved after a reasonable period of time, the employee is encouraged to bring the concern to the attention of the health and safety representative.

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5. The employee will be asked to document the concern, outlining the facts and the information requested.
6. All concerns are to be thoroughly investigated with factual information pertaining to the concern.
7. The health and safety representative and the employee's supervisor are responsible for ensuring the employee is informed of the progress of the resolution of the concern.
8. If the concern remains unresolved, the health and safety representative may contact the Ministry of Labour Inspector for assistance

**Note:** This procedure does not preclude the employee from exercising his/her right to refuse unsafe work, as defined under the *Occupational Health and Safety Act*.

#### **IV. FORMS**

Hazard Reporting Form

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**APPENDIX A  
HAZARD REPORTING**

<b>(check all that apply)</b> <input type="checkbox"/> <b>HEALTH HAZARD</b>	<input type="checkbox"/> Chemical: includes any form of chemical such as compressed gases, solvents, lead and others <input type="checkbox"/> Physical: includes noise, vibration, heat, cold and radiation <input type="checkbox"/> Ergonomic: includes design of the workplace and jobs that involve repetition, force and posture <input type="checkbox"/> Biological: includes organisms or toxic substances produced by living things that can cause illnesses or disease in humans (eg. Bacteria, viruses, fungi, parasites and insects)
<input type="checkbox"/> <b>SAFETY HAZARD</b>	<input type="checkbox"/> Machine: includes hazards from moving parts like rotating shafts, belts, pulleys, blades and saws <input type="checkbox"/> Energy: includes pneumatic or hydraulic pressure, steam, heat and electricity <input type="checkbox"/> Material Handling: includes manual and mechanical handling (eg. Lifting, lift trucks, conveyors) <input type="checkbox"/> Work Practices: includes failure to have or follow safe work practices
Is the hazard being identified as a result of personal observation or concern, during an investigation or inspection, or while performing regular day-to-day duties?	
Date and time hazard noticed:	Have you notified anyone of this hazard before?
Date of previous notification	Who did you notify?
<p>What is the contributing factor to the hazard (check)?</p> <input type="checkbox"/> People: Action taken/not taken by individuals could be a result of knowledge of or training needs <input type="checkbox"/> Action taken by an individual(s) <input type="checkbox"/> Action not taken by and individual(s) <input type="checkbox"/> Equipment: Tools and machines people use and work near can be hazardous <input type="checkbox"/> Inadequate guarding or barriers <input type="checkbox"/> Defective tools and equipment <input type="checkbox"/> Incorrect tools and equipment for the job <input type="checkbox"/> Inadequate warning systems <input type="checkbox"/> Materials: Type or improper handling of materials can result in fires, explosion, and exposure <input type="checkbox"/> Incorrect handling of material(s) <input type="checkbox"/> Improper labeling on material/container <input type="checkbox"/> Incorrect type of raw material or product <input type="checkbox"/> Environment: Hazards are created by the work environment <input type="checkbox"/> Condition of surface where people walk or where things are placed <input type="checkbox"/> Overcrowding and/or poor ventilation <input type="checkbox"/> Poor lighting, extreme temperatures and noise <input type="checkbox"/> Poor housekeeping <input type="checkbox"/> Process: Combination of above four factors (check all that apply and explain)	

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Do you have a recommendation for corrective action to remove the hazard?

*Sign and forward the original form to your Supervisor.*

Submitted to:	Date
Prepared by:	Date

<b>OFFICE USE ONLY</b>
Date and time form received
What corrective action has already been completed?
What corrective action is planned?
Target date for completion

Corrective action complete?  Yes  No

Reviewed by Dept Head:	Date
Approved by Clerk-Treasurer	Date