



HAZARD REPORT FORM
(Non-Injury / Near Miss)

Note: all Items and Sections noted in ***bold italics*** with an asterisk are required in order to submit an electronic hazard report

Submitter's FIRST Name: _____ Submitter's LAST Name: _____

Phone Number: _____ Email Address: _____

School / Building*: _____

Date of Incident*: (m/d/y) _____ **Time of Incident***: (use 24-hour clock e.g. 1:15 pm is 13:15) _____

Location*

FACILITY Name: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Provide more details, if necessary _____

Hazard Information* (Description of Hazard)

Type of Hazard* (Check as many that apply)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Air Quality | <input type="checkbox"/> Electrical | <input type="checkbox"/> Lifting / Carrying | <input type="checkbox"/> Sharp objects |
| <input type="checkbox"/> Asbestos | <input type="checkbox"/> Equipment / Tools | <input type="checkbox"/> Lighting | <input type="checkbox"/> Slip / Trip hazard |
| <input type="checkbox"/> Biological | <input type="checkbox"/> Ergonomics | <input type="checkbox"/> Mould | <input type="checkbox"/> Violence / Harassment |
| <input type="checkbox"/> Chemicals | <input type="checkbox"/> Extreme temperature | <input type="checkbox"/> Noise | <input type="checkbox"/> Water quality |
| <input type="checkbox"/> Confined space | <input type="checkbox"/> Fall Hazard | <input type="checkbox"/> Obstructions | <input type="checkbox"/> Working alone |
| <input type="checkbox"/> Contractor safety | <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Pressure / Vibration | |
| <input type="checkbox"/> Other (specify) _____ | | | |

Hazard Classification: Low Medium High

Direct / Indirect Causes*: _____

Maintenance / Service Request #: _____



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Corrective Action / Recommendation: _____

Detail Action Taken: _____

Action taken by Whom: _____ Date: _____

Has this hazard been previously reported: Yes No

Is there a hazard assessment? Yes No

Hazard resolved? Yes No Cannot (explain): _____

First Reported to:

- Area Director Non School based Department Head Teacher
 Caretaking / Facility Operator Principal Vice / Assistant Principal
 Contractor Secretary / Support Staff

Other (specify)

Date of Report: _____

Report Approved by: _____
(print clearly)

Position: _____
(print clearly)