

Superior Greenstone District School Board

HEALTH AND SAFETY REPORT FORM

Hazard or Incident Report Form 3

(For use by all staff)

(Names of Reps)

Please complete this form and submit to your Principal
and Health and Safety representatives at your site:

SCHOOL OR SITE: _____

DATE: _____

HAZARD REPORT

CHECK BOX IF THIS WAS PREVIOUSLY REPORTED

(This reports a situation exists where there is a potential for injury)

INCIDENT REPORT

CHECK BOX IF THIS WAS PREVIOUSLY REPORTED

(This reports a near miss injury and describes the existing hazard that caused the incident)

Please describe and make recommendations:

Completed by: _____

Routing: (Completed form must be submitted to OH&S Site Rep and Principal)

<i>Sent To</i>	<i>Date Sent</i>	<i>Note Action Taken (then forward to next person on list)</i>
OH&S Site Rep		
Principal		
Board Safety/Maint Coord		
Manager of Plant Services		

Issue has been investigated and resolved. Principal Signature: _____ Date: _____