

LOCAL INFORMATION

Facility/Agency Name _____ **Local #** _____

Prepared By _____ **Position** _____

Contact Information Phone # _____ **Email** _____

MEMBER INFORMATION

Last Name _____ **First Name** _____

Email _____ **Phone** _____

DIRECT SUPERVISOR/MANAGER

Name (Last, First) _____ **Title** _____

Email _____ **Phone** _____

Notified? When & how _____

FACTS OF THE ISSUES

1. Unit/Department	2. Shift Details
	Date _____ (DD/MM/YY)
	Day S M T W Th F S
	Shift Day Evening Night

Identify Type of Hazard

- Biological (eg: bacteria, viruses, mold, insects, and humans)
 - Chemical (eg: depends on the physical, chemical and toxic properties of the chemical)
 - Ergonomic (eg: repetitive movements, improper set up of workstation)
 - Physical environment (eg: noise, lighting, air quality)
 - Psychosocial (eg: stress, violence)
 - Safety (eg: slipping/tripping hazards, equipment malfunctions or breakdowns)
- Details/Comments:**

Concern, Incident or Hazard Identified by Member

Causes: Task-oriented Materials Environment Personnel Training
 Management/Employer Policy Other: _____

Frequency: First Occurrence Reoccurrence - please circle: unit level or facility

Medical Treatment Required? Yes No **WCB Claim?** Yes No

Lost Time? Yes No

Comments:

3. Discussion with Member

Date & Time: _____

Notes: _____

ISSUE: Resolved Unresolved

DOCUMENTATION: Incident Report WSR filed

Witness(es): Yes No

Name: _____ Phone/Email: _____

Name: _____ Phone/Email: _____

Name: _____ Phone/Email: _____

4. Impact on Safety/Risk of Harm (check all that apply)

Patient Safety Actual Potential

Staff Safety Actual Potential

SUPPORTING DOCUMENTS Attach relevant information, if available

Employer Policies Employer Communication Other: _____

POTENTIAL RESOLUTION

LOCAL PRESIDENT/EXECUTIVE COMMUNICATION (if required)

Date: _____ Time: _____

Notes: _____

FOLLOW UP WITH MEMBER (if required)

Date: _____ Time: _____

Notes: _____

DISTRIBUTION: Original copy for Local OH&S Representative
 Copy provided to Local Executive
 Copy provided to SUN Provincial (Employment Relations Officer)
[as required for significant events]