



Occupational Health & Safety (OH&S) Fact Sheet

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 _____ |
| | Day S M T W Th F S |
| | Shift Day Evening Night |

3. 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:

4. Concern, Incident or Hazard Identified by Member

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

Frequency: First Occurrence Reoccurrence: unit level or facility

Medical Treatment Required? Yes No WCB Claim? Yes No Lost Time? Yes No

Comments:

5. Discussion with Member

Date & Time: _____

Notes:

ISSUE: Resolved Unresolved

DOCUMENTATION: Incident Report WSR filed

6. Witness(es): Yes No

Name: _____ Phone/Email: _____

Name: _____ Phone/Email: _____

Name: _____ Phone/Email: _____

7. 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 OHS Representative
 - Copy provided to Local Executive
 - Copy provided to SUN Provincial (Employment Relations Officer)
[as required for significant events]