



ISLAND EMS HAZARD REPORT FORM

- If you identify a hazardous situation in the workplace take immediate steps to reduce the potential for further accidents or injuries.
- If you are unable to correct the hazard please complete this form and give it to your supervisor ASAP.
- Your supervisor will be responsible to act to **correct the hazard** and to provide a copy of this completed form to the JOHS Committee for review at the next OHS meeting.

Location: _____ Date of Incident (D/M/Y): _____

Describe Incident or Potential Hazard:

Proposed Solution:

Employee Name: _____ Employee Signature: _____

Date Received by Supervisor (D/M/Y): _____

Supervisor Name: _____ Supervisor Signature: _____

Action Taken By Supervisor: _____

Situation Corrected: YES (Copy to the JOHS Committee) Date (D/M/Y): _____

NO (forward to General Manager)

General Manager Name: _____ **Signature:** _____

Action Taken By General Manager: _____

Situation Corrected: **YES** (Copy to the JOHS Committee) Date (D/M/Y): _____
NO (If not forward to Island EMS OHS)

Date Reviewed by JOHSC (D/M/Y): _____

Proposed Solution:

Situation Corrected: **YES** (Copy to the JOHSC Minutes) Date (D/M/Y): _____
NO (forward to Island EMS OHS)

Date Received by Island EMS Health & Safety: _____

Safety Manager Name: _____ **Signature:** _____

Action Taken by Safety Manager:

Situation Corrected: **YES** (Copy to the JOHS Committee) Date (D/M/Y): _____
NO (If not forward to Senior Management)