

Report No. \_\_\_\_\_

Hamilton Public Library

## Employee Health & Safety Concern

Name: \_\_\_\_\_

Department/Branch: \_\_\_\_\_

Occupation: \_\_\_\_\_

Date: \_\_\_\_\_

### **PART A: Report of Concern/Potential Hazard**

Describe the issue/concern:

What? \_\_\_\_\_

Where? \_\_\_\_\_

When? \_\_\_\_\_

Why? \_\_\_\_\_

Possible Solutions? \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PART B: Manager: Please indicate actions taken to resolve issue. You MUST respond and take some action on reported concern within 72 hours or less. Immediate action may be required if the issue warrants it. Where you are uncertain how to proceed, contact Human Resources and where applicable a member of the Joint Health & Safety Committee.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The issue/concern has been resolved satisfactorily to all parties.  
Forward a copy of the completed report to Human Resources, Central Library – 5<sup>th</sup> Floor.  
Copy to Employee and worker Representative.**

Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Follow Up Required/Outstanding: To be completed by Health & Safety Representative.  
Please ensure that Human Resources is aware of this on-going investigation.**

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**A Manager under the Occupational Health and Safety Act is responsible for the Health and Safety of their employees.**

**Please ensure that you take all reasonable precautions and document them.  
For further information about the Act, refer to [www.gov.on.ca/LAB/main.htm](http://www.gov.on.ca/LAB/main.htm)**