

HEALTH AND SAFETY WORKPLACE HAZARD REPORT

Please use this form to bring your health and safety concerns to the attention of your Principal	
Date	Employee
School	Room/Other Location
To be completed by the Employee:	1
CHECK the appropriate hazard con Please use a separate form for each hazard	
Asbestos	
Biological (Example: mould)	
Chemical	
Electrical	
Environmental (indoor air quality, ventila	ation)
Explosion	
Fire	
Ladders and Scaffolding	
Physical (noise, vibration, temperature, ra	adiation)
Safety Lockout / Confined Space	
Slips and Falls	
Tools / Equipment / Machine Guarding	
Workplace Violence	
Workstation Design (ergonomics)	
OTHER (Specify)	
To be completed by the Principal:	
Follow Up	
SAP#	Called in on (date)
If SAP # is required – please indicate	
INSTRUCTIONS	
For the Employee	For the Principal
1. Use a different form for each hazard to be described	
2. Fill in the form with a brief description of the hazard	d 2. Complete the follow up section 3. File the form in the Health and Safety Binder

4. Give one copy to the principal. Keep one for yourself