



HEALTH AND SAFETY WORKPLACE HAZARD REPORT

*Please use this form to bring your health and safety concerns to the attention of your Principal
If you are reporting workplace violence and harassment, please complete the online reporting tool
<https://tcdsbceec.sharepoint.com/sites/HealthAndSafety/SitePages/Violence-and-Harassment-Form.aspx>
For all other hazards, please complete this online reporting form.*

Date		Employee	
School		Room/Other Location	

PART A: TO BE COMPLETED BY THE WORKER

CHECK the appropriate hazard concern <i>Please submit a separate form for each hazard.</i>			
PHYSICAL HAZARDS		CHEMICAL HAZARDS	
	Temperature (high/low)		Asbestos
	HVAC(mechanical ventilation)		Formaldehyde
	Extreme Weather (wind/rain)		Asphalt
	Oxygen Deficiency		Lead/Mercury
	Indoor Air Quality		Carbon Dioxide
	Radiofrequencies (WiFi)		Carbon Monoxide
	Radiation (EMFs)		Cleaning Product (bleach)
	Pressure (High/Low, Air/Water)		Toxic Dust
	Noise		Adhesive
	Vibration		Paint/Varnish
	Explosion (high impact force)		Harmful Vapor/Mist
	Thermal (hot steam/oil)		Exhaust/Gas/Fumes
	Fire		Lubricant/Degreaser/Oil
	Humidity		Odour/Scent
	Electricity (Electrocution)		Insecticide/Pesticide
	Sunlight/Ultraviolet Rays		Sanitizer (Improper Storage)
	Water Environment (drowning)		Abrasive
	Wind (high velocity)		Acid

BIOLOGICAL HAZARDS		SAFETY HAZARDS	
	Fungus (moulds)		Electrical (Frayed Cords)
	Poor Hygiene		Equipment / Devices
	Poor Sanitation Conditions		Combustibles (Gasoline)
	Virus (Flu, Norwalk)		Flammable material (paper)
	Bacteria (Salmonella)		Operating Vehicle / Driving
	Animal Feces / Droppings		Security (Personal Safety)
	Animal Bite (Rodents)		Cut/Severing/Puncturing
	Insect Bite/Sting Bees		Struck By / Against
	Toxic Plant (Poison Ivy)		Machinery /Tools (Boiler)
	Sewage (E-Coli, Cholera)		Caught Between / Crush (Mech)

BIOLOGICAL HAZARDS		SAFETY HAZARDS	
	Parasites (Lice, Tapeworm)		Drawing-In/Trapping (Mech)
	Viral Disease (Rabies)		Compressed Gas (Handling)
	Bodily Fluid (Blood, Urine)		Heights (Ladders/Railings)
	Allergen (Pollen, Peanuts)		Slips (Ice, Liquids)
	Airborne Diseases (COVID-19)		Trip (Cords, Clutter)
	Sharps Waste (Syringes)		Fall (Stairs, No Railing)
	Foodborne Disease		Improper/Inadequate PPE
	Hantavirus		Signage/Tags/Plates

ERGONOMIC HAZARDS		HIGH RISK AREAS	
	Repetitive Motion		Science Lab
	Prolonged Exertion		Wood Shop
	Stationary Position		Construction Technology
	Lighting (Intensity/Type)		Auto Shop
	Poor Workstation Design		Visual Arts
	Compression/Impact Forces		Photography
	Awkward / Unnatural Posture		Gymnasium
	Improper Work Methods		Phys Ed.
	Excessive Force (Grip Strength)		Machinery /Tools (Boiler)
	Tools / Equipment / Devices		Boiler / Mechanical Room
	Work Organization		Electrical Room
	Heavy / Awkward Lifting		Roof
	Sustained Viewing		Loading Dock
	Frequent Lifting / Lowering		Elevator
	Environment (Cold/Hot)		Warehouse
	Improper Adjusted Chairs		Other
	Sustained / Static Posture		
	Frequent Pushing / Pulling		

Description of Hazard / Safety Concern

PART B: TO BE COMPLETED BY THE PRINCIPAL/SUPERVISOR:

Corrective Action to Control Hazard	
SAP #if applicable:	Called in on (date)

Principal / Supervisor Instructions:

- Step 1:** Keep a soft copy for your records
- Step 2:** File the completed Form (Part A and B) in the school's Health and Safety Binder
- Step 3:** Email the Worker and copy the TCDSB OHS Dept at health.safety@tcdsb.org