

<i>The Town of Fort Frances</i>	<b>SECTION</b> HEALTH AND SAFETY
<b><u>REPORTING OF HAZARDOUS CONDITIONS</u></b>  <b><u>POLICY</u></b>	<b>REVISED</b>  July 2004
Resolution No.	Supercedes Resolution No.
Policy Number 5.30	<b>PAGE 1 of 2</b>

**1. PURPOSE:**

To ensure that Town of Fort Frances employees immediately report all hazardous conditions.

**2. RESPONSIBILITY:**

All individuals in the workforce, at all levels and functions, are responsible for understanding and carrying out the responsibilities and duties outlined in the policy and the Occupational Health and Safety Act.

**3. PROCEDURE:**

Any employee of the Town of Fort Frances who perceives a situation in the workplace which he / she considers to be a hazard, shall take the following steps:

- A. Verbally (telephone, radio, or in person) report the hazard immediately to their supervisor / manager.
- B. Complete a Workplace Inspection Report which is provided, and state the hazard and whom the hazard was reported to.
- C. If the hazard is considered of such nature to be in immediate threat to worker safety, the employee shall stop under the authority of the Occupational Health and Safety Act.
- D. It is the responsibility of all employees to follow-up on the report and ensure a safe workplace.



## WORKPLACE INSPECTION REPORT

Date of Inspection: \_\_\_\_\_ Area Inspected: \_\_\_\_\_

Worker Representative: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Have all problems from last month's inspection been rectified?      Yes _____ No _____ If No – list outstanding problems below

Hazard Class	Action By	Hazards / Items Detected & Action Taken <small>Item # (see reverse)</small>	Scheduled Completion Date	Date Completed
<b>Hazard Classes</b> <b>Any condition or practice likely to cause:</b> A – Permanent disability of life or body part and / or extensive loss of structure/equipment material B – Serious injury / illness or property damage that is disruptive but less severe than Class 'A' C – Non-disabling injury or illness or non-disruptive property damage			<b>Priority Guide</b>	
			<b>Hazard</b>	<b>Action</b>
			A	Immediate
			B	3 Days
			C	15 Days

**Copies To:** Human Resources Manager, Workplace Bulletin Board, Manager of Department  
**Attach:** Supervisor's Tailgate Meeting / Safety Huddle and First Aid Kit Inspection Reports