



**DALHOUSIE
UNIVERSITY**

**Dalhousie University - Department of Facilities
Management Employee Report of a Hazard
Concern or Refusal to Work Supervisors Report**

9. Date Report Received:

10. Time Report Received: a.m. or p.m.

11. Findings of Supervisors Investigation:

12. Does an immediate danger exist? Yes ___ No ___

If you answered "Yes" above, is immediate action required to protect employees, and any other persons at the workplace, from danger until appropriate long term control measures can be implemented.

13. Recommended Correction Measures:

14. Is a Job Hazard Analysis Required? Yes ___ No ___

If Yes above please record date of completion. Date:

15. Date employee is informed of supervisors recommendations.

16. Date(s) Corrective Measures Implemented:

17. Supervisors Signature:

Date:

18. Managers Signature:

Date: