



DRUMHELLER

ADMINISTRATION POLICY



ADMINISTRATION POLICY #A-08-19

Supersedes # A-04-18

HAZARD NOTIFICATION POLICY

THE PURPOSE OF THIS POLICY IS TO:

Ensure employees consider the hazards that are associated with their work activities/workplace and take the necessary precautions that will result in a safe work environment for themselves and others.

BACKGROUND:

The Town of Drumheller has developed a "Hazard Notification Form." All employees can complete a Hazard Notification Form for any and all hazards that pose a risk to the safety of themselves, other employees and all visitors to the Town of Drumheller's facilities.

The form includes a hazard statement section, classification section and consent section. Any employee who fills out this form has the option to remain confidential from everyone outside the Health and Safety Office.

POLICY STATEMENT:

The Town of Drumheller shall maintain procedures herein contained in order to be consistent throughout the organization. Hazards must be reviewed as conditions change, and at least every three (3) years.

PROCEDURE:

1. All forms will be completed by the employee and placed in the confidential envelope (if preferred) and will be forwarded to the Health and Safety Office. The Health and Safety Officer will review the form and produce work memos that include the type of control, priority of work to be done and the responsible party.
2. The work memos will be in duplicate.
3. One copy will be held by the Health and Safety Office and a second copy will be forwarded to the Department Head for action. Target dates for completion will depend on the level of hazard, as well as the type of hazard control (elimination, engineering, administrative, or PPE)



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4. As the work is completed the work memo will be signed off by the department head and returned to the Health and Safety Office to match up with the original to ensure completion

Adopted by Health and Safety Committee

Date: November 18/19

[Signature]
Chief Administrative Officer

Attachment:

Hazard Notification Form

Hazard Notification Form Process

Hazard Notification Form Work Order



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HAZARD ASSESSMENT AND IDENTIFICATION



HAZARD NOTIFICATION FORM

DATE:
LOCATION:
EMPLOYEE:

HAZARD NOTIFICATION

Please list all information regarding the hazard you are reporting (what, where, when, why, how, etc.)

Hazard Classification Levels

How long has this been a hazard?

What is the hazard classification level?

- A** high probability of injury requiring immediate corrective action
- B** conditions and/or activities which expose one to undue risk or injury and should be corrected as soon as possible
- C** low hazard—"fix it" item
- D** work site/environmental hazard—not fixable, caution advised

CONSENT

I certify that all information provided on this form is accurate, concise and contains my full knowledge about the hazard notified.

(PRINT NAME)

(SIGNATURE)

I would like this notification form to remain confidential between myself and the Risk

Hazard Notification Form Process

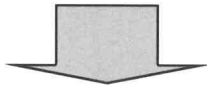
Any employee fills out a Hazard Notification Form



Employee places Hazard Notification Form in designated envelope and seals envelope for confidentiality



Hazard Notification Form is forwarded to the Risk Management Office



Hazards are reviewed and appropriate actions to reduce or eliminate hazards are discussed



Work memo is filled out and forwarded to appropriate department



Work memos and corrective actions are followed-up and reviewed within 30 days



Identified hazards and corrective actions are reviewed before filing



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HAZARD NOTIFICATION WORK ORDER



Date:

Issued By:

Issued To:

WORK ORDER #:

Report Date

Reported By

Location

WORK ORDER DETAILS

WO#	Priority	Description	Corrective Action	Completion	
				Individual	Date

WORK ORDER COMPLETION

WO#	Completion		Signature of Individual
	Individual	Date	

Manager's Signature

Date

To be completed by Risk Management Office only:

Target Date for Completion:

Date Work Order Completed: