OCCUPATIONAL HEALTH & SAFETY CONCERN REPORT FORM

Note: This form should not be used for worker-to-worker harassment concerns, including concerns about managers and physicians. Please contact UNA directly to report worker-to-worker harassment concerns.

Fields marked with ! are required.

UNA United Nurses of Alberta

GENERAL INFORMATION

Local: ! Employer: !

Worksite: ! Unit/Office/Program: !

EMPLOYER REPORTING

Where possible, you are encouraged to raise concerns with your Employer first and use your Employer's formal reporting process (e.g. MySafetyNet).
Once reported, you should request the Employer's response or corrective action report if not automatically provided.

Reported to Employer: ! ☐ Yes ☐ No

Report type: (Check all that apply.)

☐ Formal report Date: YYYY/MM/DD

Reference number:

Corrective action/response received? ☐ Yes ☐ No

Corrective action/response requested? ☐ Yes ☐ No

Date Requested: YYYY/MM/DD

☐ Notified/discussed with supervisor Date: YYYY/MM/DD

Name of supervisor:

☐ Regular manager? ☐ On-call manager?

☐ Other (specify):

☐ Verbal discussion ☐ Email/text

Summary of discussion and/or actions taken by Employer:

DETAILS OF CONCERN(S)

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When did the concern(s) occur?: Date: ! YYYY/MM/DD at HH:MM Shift: ! ☐ Day ☐ Evening ☐ Night

Concern Type:
☐ Isolated ☐ Ongoing If ongoing, for how long has it been ongoing? ! ☐ 0-3 months ☐ 3-6 months ☐ 6 months or more ☐ Unknown

Nature of the concern: ! Check all that apply.

Violence/Aggression
- ☐ Patient/Client/Resident
- ☐ Visitor/Family Member
- ☐ Staff/Physician/Manager

Harassment
- ☐ Patient/Client/Resident
- ☐ Visitor/Family Member
- ☐ Staff/Physician/Manager

Security
- ☐ Response Time
- ☐ Unavailable/No Show
- ☐ Response Appropriateness
- ☐ Other Security Concerns

General
- ☐ Personal Protective Equipment
- ☐ Training/Orientation
- ☐ Air Quality/HVAC
- ☐ Policies/Procedures
- ☐ Locks/Barriers
- ☐ Egress/Fire Exits

Physical Hazards
- ☐ Equipment/Lighting
- ☐ Slips/Trips/Falls
- ☐ Ergonomics/Patient Handling
- ☐ Radiation
- ☐ Sharps
- ☐ Working Alone
- ☐ Other Physical Hazards

Biological Hazards
- ☐ Mould/Fungi
- ☐ Blood/Body Fluids
- ☐ Bacteria/Viruses
- ☐ Parasites
- ☐ Pests
- ☐ Other Biological Hazards

Chemical Hazards
- ☐ Smoke/Illicit Substances
- ☐ Solvents/Cleaners
- ☐ Medications
- ☐ Scents/Fumes/Gases
- ☐ Asbestos/Lead
- ☐ Other Chemical Hazards

Psychological Hazards
Concerns relating to moral distress, staffing, and workload should also be reported through PRC.
- ☐ Workload
- ☐ Working Conditions
- ☐ Workplace Culture
- ☐ Traumatic Incidents
- ☐ Fatigue
- ☐ Other Psychological Hazards

DETAILS OF CONCERN(S) continued

Description of the concern: ! Be specific, describe the actual or potential incident, and do not use any patient/resident/client/staff identifying information.

☐ continued on attached page

☐ **Dangerous work refusal?**

Actions taken:
Any actions or steps, if any, you or others took to try to address the concern.

Recommendations:
Any ideas or suggestions you have to address the concern.

Any injury or illness related to the concern: ! ☐ Yes ☐ No ☐ Do not wish to share
This includes both physical and psychological injuries/illnesses.

General nature of illness/injury:

Any missed time from work related to the concern: ! ☐ Yes ☐ No ☐ Do not wish to share

WCB report submitted: ☐ Yes ☐ No
Note: This form does not replace reporting to WCB. If there is a work-related injury or illness, even without missed time from work, please report to WCB.

SUBMITTER(S) INFORMATION

☐ Individual ☐ Group

Date Report Submitted: ! YYYY/MM/DD

FIRST NAME: !	LAST NAME: !	PHONE: !	PERSONAL OR UNION EMAIL: !
PRIMARY CONTACT			
ADDITIONAL SIGNATORIES			

TO BE COMPLETED BY LOCAL:

Date Received: YYYY/MM/DD Date Paper OHSF entered into DMS: YYYY/MM/DD OHSF# assigned by DMS: LOCAL-YYYY-####