



CITY POLICY & PROCEDURE

SECTION: HUMAN RESOURCES

NO: HR – HS - 17

REFERENCE: HEALTH AND SAFETY

**Date:
Jan 17, 2017**

**Next Review Date:
Jan 17, 2019**

TITLE: HAZARDOUS CONDITIONS/NEAR MISS REPORTING

1.0 Policy Statement

The City of Dryden strives to maintain a safe environment for its employees. With effective reporting of hazardous conditions/situations we can control and eliminate unsafe working situations or conditions.

2.0 Definition

As used in these policies and procedures, the following terms shall have the meaning as indicated:

- (a) Hazardous Condition or Act:
Circumstances or conditions that could lead to, or allow an incident to occur.
- (b) Hazardous Act:
Behaviour(s) such as rough housing, improper equipment use, etc. that could lead to or allow an incident to occur.

3.0 GENERAL

- 3.1 In the event of being exposed to or observing a hazardous condition or act all employees are expected to complete an Employee Hazard Reporting Form. Please refer to attached Employee Hazard Reporting Form.

- 3.2 Using the Employee **Hazard Reporting Form**, the employee will document:
- (a) the date, their name, City of Dryden location (i.e. Arena, Library) and the Supervisor's name;
 - (b) the specific area the hazardous condition or act was found (i.e. bathroom, storage room);
 - (c) a detailed description of the hazardous condition or act;
 - (d) suggestions on how to eliminate, minimize and/or reduce the hazardous condition or act; and,
 - (e) the employee will sign and date the Employee Hazard Reporting Form.
- 3.3 Once complete, the Employee **Hazard Reporting Form** will be submitted to the employee's direct report, Health & Safety Coordinator and the Joint Health and Safety Committee for further completion.
- 3.3 The Supervisor will sign and date the Employee **Hazard Reporting Form** upon receipt from the employee.
- 3.4 The Health & Safety Coordinator will provide training on the procedure and use of forms to all Supervisors and employees.

4.0 Supervisor Responsibilities:

The Supervisor will then:

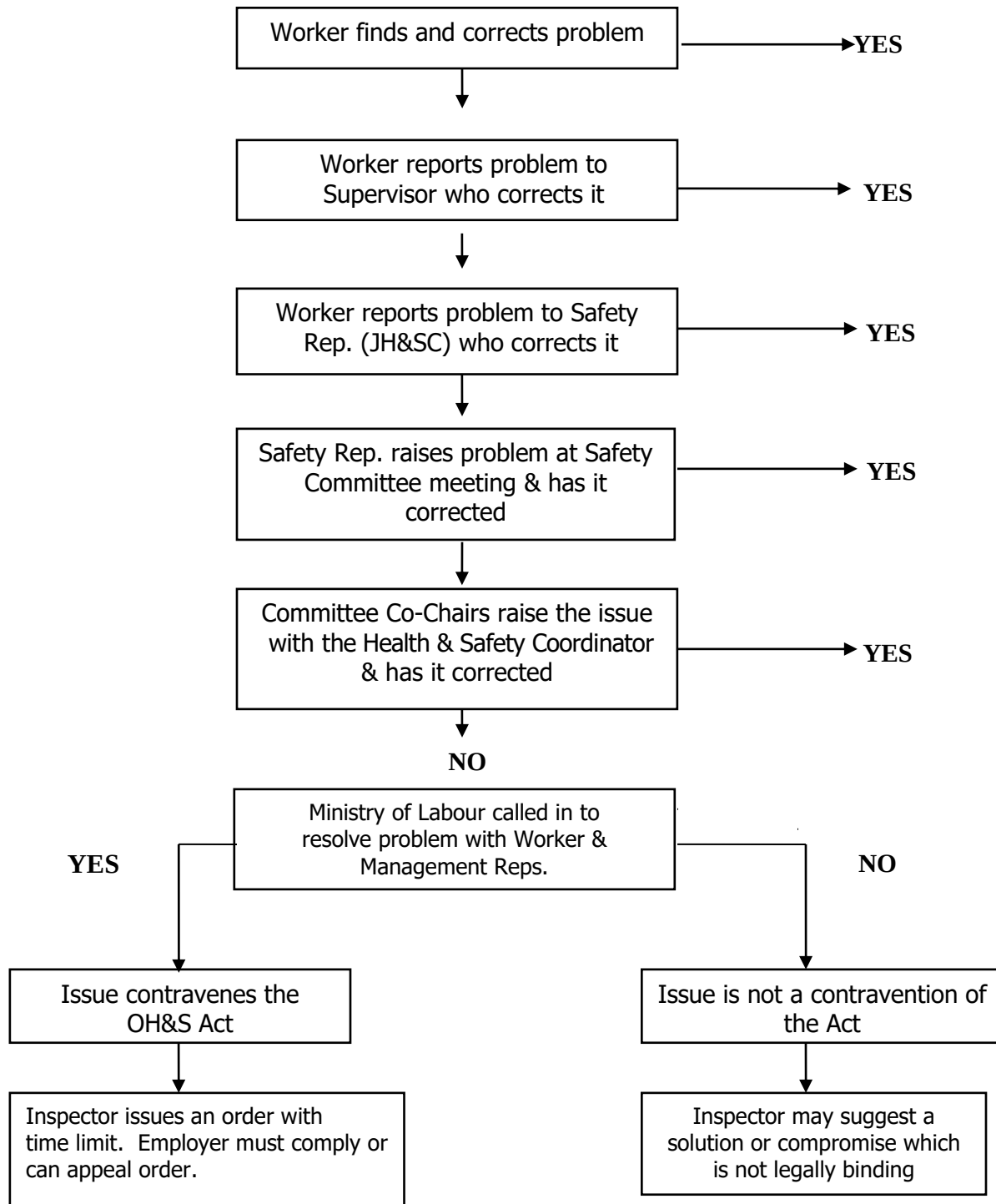
- 4.1 Fill in the Supervisor's remarks section adding any additional information to the report.
- 4.2 Classify the hazardous condition or act using the Health and Safety Risk Assessment Rating Criteria (Hazard Risk Rating) system (Refer to attached Risk Rating Form).
- 4.3 Determine corrective action to eliminate, minimize and/or reduce the hazardous condition or act.
- 4.4 Assign staff responsible to carry out corrective actions and specify expected timelines to meet and remedy the hazardous condition or act.

- 4.5 Within twenty-one (21) days, the Supervisor will provide a completed copy of the Employee Hazard Reporting Form to the Health & Safety Coordinator.
- 4.6 An original copy of the Employee Hazard Reporting Form will be reviewed and filed with the City's Health and Safety department.
- 4.7 The Health & Safety Coordinator will create and distributed a summary of the hazard reporting forms on an annual basis to the Senior Management Team and Joint Health & Safety Committee.

APPENDIX:

Appendix A - INTERNAL RESPONSIBILITY SYSTEM FLOW CHART

History			
Approval Date:	January 1, 2003	Approved by:	Council Resolution
Amendment Date:	March 19, 2007	Approved by:	Council Resolution
Amendment Date:	May 16, 2011	Approved by:	By-law 3876-2011
Review /Amendment Date:	December 19, 2011	Approved by:	By-law 3930-2011
Review /Amendment Date:	Dec 19, 2017	Approved by:	CAO
Review /Amendment Date:		Approved by:	

PROCEDURE TO FOLLOW WHEN REPORTING SAFETY CONCERNS**"INTERNAL RESPONSIBILITY SYSTEM"**

HAZARD REPORTING FORM

Date: _____

Worksite Location: _____

Employee Name: _____

Worker and Supervisor are to complete form as described in the
Hazardous Condition/Near Miss Recognition and Reporting Procedure

Employee to Complete:

Area of Hazard:		
Description of Hazard:		
Suggested Corrective Action:		
Employee Signature:		Date:

Supervisor's Signature: (upon receipt of form)	
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<i>Supervisor to Complete:</i>				
Supervisor Remarks:				
Hazard Rating: (refer to Hazard Rating form below)				
Corrective Action	Recommendations	Responsibility	Date Completed	Sign off
Supervisor Signature:			Date:	

Please submit the form to the Health & Safety Coordinator for review.

HEALTH & SAFETY RISK ASSESSMENT RATING CRITERIA

Risk Rating:

This rating will help to determine the priority for determining controls.

Risk Rating	Score	Description
A – High	1 - 6	Significant or high risk hazard – high priority for immediate action
B – Moderate	7 – 15	Moderate risk hazard – medium priority for action as soon as possible
C – Low	16 - 25	Low risk hazard – low priority for action after higher priorities

Step One: Determine Probability of Hazard Occurring

Determine probability rating by determining exposure and likelihood of occurrence

Exposure	Score	Likelihood of Occurrence	Score
Continuous Exposure	1	Very likely (has happened/is expected)	1
Frequent Exposure (daily)	2	Likely (probably – could happen)	2
Occasional Exposure (couple times/week)	3	Rare (seldom but possible)	3
Unusual Exposure (monthly)	4	Very unlikely (slight possibility)	4
Rare Exposure (few times/year)	5	Practically impossible	5

	Occurrence					
Exposure		1	2	3	4	5
	1	A	A	B	C	D
	2	A	B	B	C	D
	3	B	B	C	C	D
	4	C	C	C	D	E
	5	C	C	D	E	E

Step Two: Determine Consequences

Consequences	Score
Very Serious Loss – fatality, critical injury or permanent disability with significant loss	1
Serious Loss – serious injury or illness with loss time or other loss	2
Moderate Loss – moderate injury or illness with loss time or other loss	3
Minor Loss – minor injury or illness without lost time or other loss	4
No Loss – no injury or lost time or other loss	5

Step Three: Use Table to Determine Risk Rating

	Probability					
Consequence		A	B	C	D	E
	1	1	2	4	7	11
	2	3	5	8	12	16
	3	6	9	13	17	20
	4	10	14	18	21	23
	5	15	19	22	24	25

(Based on the Ontario Service Safety Association Workplace Hazard Analyses Form, 2000 and Industrial Accident Prevention Association Information, 2000)