



REPORT OF UNSAFE CONDITION

Safety, Security and Emergency Management

3700 Willingdon Avenue, Burnaby, BC, Canada V5G 3H2

T 604.456.8011

A. PERSON REPORTING Employee Student

- Complete Section A.
- Send this form to your supervisor/manager/instructor for follow up and keep a copy for yourself.
- Provide a copy to the Occupational Health and Safety Division at **SSEMOHS@bcit.ca**. A copy will be forwarded to the appropriate Joint Occupational Health and Safety (JOHS) Committee.

Name	ID #	Date
Campus	Department/School	Manager/Supervisor/Instructor
Location	Hazard Type <input type="checkbox"/> Biological <input type="checkbox"/> Chemical <input type="checkbox"/> Physical <input type="checkbox"/> Psychosocial <input type="checkbox"/> Other _____	

DESCRIPTION OF UNSAFE CONDITION/HAZARD

B. SUPERVISOR/MANAGER/INSTRUCTOR

- Complete Section B.
- Send a copy to the person reporting.
- Communicate unsafe condition/hazard and corrective actions taken to those affected.
- Send a copy to **SSEMOHS@bcit.ca**. A copy will be forwarded to the applicable JOHS Committee.

DESCRIPTION OF ACTIONS TAKEN TO CORRECT THE UNSAFE CONDITION/HAZARD

Manager/Supervisor/Instructor	Name	Signature	Date
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