

Procedure for Reporting an Unresolved Risk Situation

OBJECTIVES

Declaring a risk situation provides employees and managers with an information and management system to identify, correct, and control, at the earliest possible opportunity, any significant risk to an employee's health, safety, or physical or psychological integrity. The specific objectives of a declaration include the following:

- Ensure and maintain safe working conditions;
- Promote support of health and safety prevention through a structured participation of stakeholders in the identification, correction and control of the risks associated with the work.

ROLE AND RESPONSIBILITIES OF THE EMPLOYEE

A person who detects a hazardous or potentially hazardous situation must take immediate action to correct the situation.

1. Verbally report, without delay, to his immediate superior or his replacement, as the case may be, any dangerous situation that came to the employee's attention;
2. Give the reasons behind the statement by providing the information in relation to the dangerous situation by completing this form;
3. Suggest, if necessary, corrective or preventive measures deemed appropriate to remedy or control the risk.

Note: The worker does not have to complete the declaration of a risk situation in the following cases:

- Following a verbal agreement with his immediate superior, if the latter has implemented the necessary measures to eliminate or control of dangerous situation;
- If an *Employee Incident / Accident Report* has been completed.

RESPONSIBILITIES OF THE IMMEDIATE SUPERIOR

1. During the employee's verbal declaration, examine the situation by going to the work place;
2. Assess the problem and, if applicable, set a deadline with the employee to remedy the situation. At any time, the immediate superior may request assistance from a prevention advisor.
3. When required, determine the temporary measures to take to protect employees;
4. Fill out the form and send a copy to the **Health, Safety and Wellness in the Workplace Services**
5. Keep track of corrective actions implemented and ensure that the recommendations listed on the form are carried out;
6. Immediately contact the prevention counselor if the required corrective actions are impossible to achieve or if the time limit is not suitable for one of the two parties.

RESPONSIBILITIES OF THE COUNSELOR TO THE PREVENTION

The written statement will not be processed if the immediate superior has not been verbally informed of the situation and has not discussed it with the employee.

Upon receipt of the form or a telephone call from one of the parties:

1. Validate the information regarding the potential of risk and verify the impact for the establishment;
2. Verify compliance and the effectiveness of the measures chosen to eliminate or control the risk.

Name : _____ Employee # _____

Job title: _____ Department: _____

Directorate: _____ Facility: _____

Location _____

Description: (Attach a note if space is insufficient)

Correctives measures suggested: (Attach a note if space is insufficient)

Employee Signature : _____

Date : _____

Please return the form to your immediate supervisor

A) Intervention by the immediate supervisor: (Who-What-Deadline-etc.) (Attach a note if space is insufficient)

B) Results obtained: (Attach a note if space is insufficient)

Immediate supervisor signature : _____ Date : _____

Please forward to staff Health, Security and Wellness in Workplace Services

Investigation : (Attach a note if space is insufficient)

Date : _____

Recommendations : (Attach a note if space is insufficient)

Date : _____