



# Occupational Health & Safety and Staff Abuse **REPORT FORM**

Immediately file this form with your Local Union. Keep the pink copy for your records.

Local File #: \_\_\_\_\_

Local #: \_\_\_\_\_

Employer: \_\_\_\_\_

Worksite (ward/unit/office): \_\_\_\_\_

Date & Time/Shift: \_\_\_\_\_

Describe the Nature of Incident (*Do not use names of patients, clients, residents, staff or doctors*): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the suspected hazard?: \_\_\_\_\_

Any injury or disease related to problem? (if known): \_\_\_\_\_

\_\_\_\_\_  
What action is required?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was the incident reported to your Supervisor?: yes  no

Name of Supervisor: \_\_\_\_\_ Date of Discussion: \_\_\_\_\_

Action Taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name (Printed)

E-Mail

Phone No.

Signature

Date



## United Nurses of Alberta

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*This form does not replace a Workers' Compensation Form, Occupational Hazard Form or Employer Incident Form. Please file these forms where appropriate.*

*A Workers' Compensation Form must be filed if any injury has resulted or if there is any possibility of disease or injury which may result from the hazard.*

OH&S Form • Nov. 2009 • NU • CEP