



# Safety Hazard Report

Incident #: \_\_\_\_\_

1. Complete top portion.
2. Send copy to:      Site Administrative Officer  
                                  Operations Department: Fax to 250-354-4255  
                                  or scan to [Clerical.Operations@sd8.bc.ca](mailto:Clerical.Operations@sd8.bc.ca)

<b>TO BE FILLED OUT BY REPORTER</b>	
SCHOOL:	
INCIDENT DATE:	
AREA OF HAZARD:	
(Room Number, Electrical room, etc.)	
SAFETY HAZARD:	
IMMEDIATE ACTION TAKEN:	
RECOMMENDATION:	
REPORTED BY: _____	JOB TITLE: _____
(Print Name)	

<b>TO BE FILLED OUT BY OPERATIONS</b>	
FOLLOW UP:	
DATE COMPLETED FORM SENT TO ORIGINATOR:	

**\*\*\*MANAGEMENT HAS 21 WORKING DAYS TO REPLY \*\*\***