

Chapter 11 – Hazard Reporting

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11.1 Foreword

The County of Santa Clara is concerned for the safety of all persons on its property. To keep County facilities free of potential hazards and limit liability exposure, it is important for employees to report all hazards on County property that could lead to potential physical injury or illness.

Also, employees are encouraged to report happenings where trips, falls, slips, and "near misses" occur without injury. Knowing where potential injury could occur will enable the County to mitigate the potential problem and continue keeping County facilities and operations a safe environment to work in.

11.2 Introduction

This chapter sets out the procedure for dealing with the reporting of hazards or complaints about safety in any County-operated locations.

11.3 Applicability of Standard

This policy applies to all County employees in all areas of employment.

11.4 Steps to Reporting a Hazard

(A procedural diagram for accomplishing these steps is provided in Appendix A.)

Any employee observing a hazardous condition should first consider if the hazard presents a clear and immediate danger.

1. If the danger is immediate (i.e., severe injury or major property damage could occur at any time), the employee should immediately take corrective action. This can be accomplished by seeking out and informing the area supervisor, personally taking action to eliminate the hazard, or calling 911.
2. If the threat of hazard is less severe, the employee should discuss the problem with their immediate supervisor.
 - If the employee feels the supervisor is taking appropriate action to correct the problem, the employee should continue to work with the supervisor to eliminate the hazard.
 - If the employee is not satisfied with the supervisor's response to the problem, the employee may fill out a Hazard Report form (Appendix B). Procedures for completing the form and submitting it are described on the form. This form can be submitted anonymously. Employees should be specific in the information that they provide, such as: locations, descriptions of conditions or activities, and suggestions for correction.

11.5 Applicable Regulations

CAL/OSHA, Title 8, CALIFORNIA CODE OF REGULATIONS, Section 3203

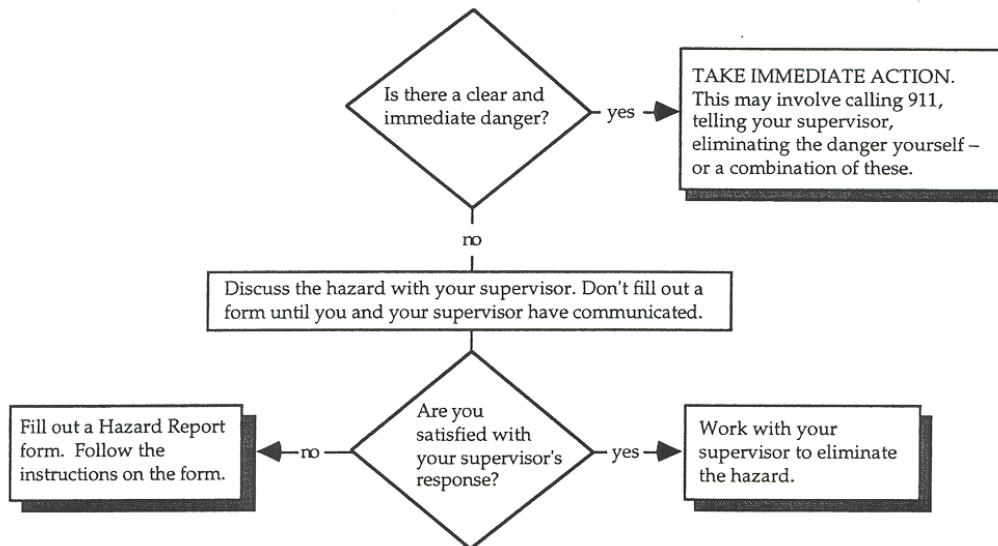
11.6 Appendices

11.6.1 Appendix A: Hazard Reporting Procedure

How to Report a Safety Hazard

Every County employee can help eliminate safety hazards. Whether you tape down your telephone cord, wipe up a few drops of oil from the shop floor, or participate in your safety committee's regular work site inspections, your initiative results in a safer workplace for all of us. For hazards that require your supervisor's involvement, the County now has a simpler reporting process and a new Hazard Report form.

The Process:



The Form:

The Countywide Safety Committee developed a new form, (see reverse side) that replaces two old forms – the half page "Safety or Health Hazard Report Form" and the full page "Safety or Health Hazard Action Form". *Please destroy these old forms.*

Order the new Hazard Report from Purchasing Stores (form number 4205; reorder number 963079; rev. 6/96). The new form uses one sheet of plain white paper so you can recycle it and make copies on the copy machine.

11.6.2 Appendix B: Hazard Reporting Form



Hazard Report



Concerned Employee: Complete This Section

If this hazard presents a *clear and immediate* danger to health and safety, DO NOT USE THIS FORM. Report the problem to your supervisor and, if necessary, Occupational Safety and Environmental Compliance.

It is usually best to discuss a safety hazard with your supervisor before using this form. Use this form if you wish to make a written notice of the hazard. Ask your supervisor for a blank form or photocopy any blank form to use as an original. You may also ask your Steward to submit an anonymous report for you.

Hazard location: Address: _____
Building: _____ Floor: _____ Department: _____

Describe the Hazard: _____

What action do you recommend? _____

Name: _____ Phone: _____ Signature: _____ Date: _____

☛ Give this form to your supervisor and keep a copy.

☛ If you do not hear from your supervisor within two business days, send copies to your Steward, the departmental Safety Coordinator, Occupational Safety and Environmental Compliance 441-4280 Fax 432-7555, and the local office of your union.

Supervisor: Complete This Section *Give to the employee within two business days. Keep a copy.*

Your analysis and action taken: _____

Person contacted: _____ Phone: _____ Date: _____

Person contacted: _____ Phone: _____ Date: _____

Work Order or Service Call number (if applicable): _____

Name: _____ Phone: _____ Signature: _____ Date: _____

Concerned Employee:

If you are satisfied with your supervisor's response, no further action is necessary.

If you are dissatisfied or would like to discuss this matter further, contact your Steward, the departmental Safety Coordinator, and Occupational Safety and Environmental Compliance 441-4280.

This form developed by the Countywide Joint Labor/Management Safety Committee