

SAFETY



ACTION

OPEN DATE	CONCERN RAISED BY	SHIFT	DESCRIPTION OF SAFETY CONCERN	ROOT CAUSE - 5 WHYS	COUNTERMEASURE	RESPONSIBLE INITIALS	TARGET DATE & ESCALATION (If req'd)	CLOSED DATE	FEEDBACK GIVEN TO WHO OPENED THE CONCERN BY	STATUS** <u>COMPLETE ONLY AFTER PERSON WHO RAISED CONCERN HAS BEEN GIVEN FEEDBACK</u>
	Name		What Happened? Where? Ergonomic Concern <input type="checkbox"/> Yes <input type="checkbox"/> No	Safety Concern Happened Due To:	Short Term Fix or Containment. Permanent Corrective Action.	Name	Level 5 Level 4-GL Level 2-BTM		Name	
	Name		What Happened? Where? Ergonomic Concern <input type="checkbox"/> Yes <input type="checkbox"/> No	Safety Concern Happened Due To:	Short Term Fix or Containment. Permanent Corrective Action.	Name	Level 5 Level 4-GL Level 2-BTM		Name	
	Name		What Happened? Where? Ergonomic Concern <input type="checkbox"/> Yes <input type="checkbox"/> No	Safety Concern Happened Due To:	Short Term Fix or Containment. Permanent Corrective Action.	Name	Level 5 Level 4-GL Level 2-BTM		Name	

Escalation - If **Employee** Safety Concern is not resolved within 7 days at **Level 5**, it is moved to **Level 4**. If not resolved with in 30 days at **Level 4**, it moves to **Level 2** and is reviewed by the Plant Safety Review Board.

** STATUS CODES:



Communicated



Planned



Implemented



ERGONOMIC CONCERN - If Ergonomic Concern box is checked, Group Leader must contact Department IE to review or complete GEST for task.

COMPLETE - Individual who raised the concern has been given feedback and is satisfied concern is Resolved. **IF THE TEAM MEMBER/TEAM LEADER IS NOT SATISFIED WITH THE RESOLVE, THIS MUST BE ESCALATED TO THE JOINT HEALTH AND SAFETY COMMITTEE.**