



Local 9187 – District 1

United Steelworkers Local 9187

116 Cleveland Ave NW, Suite 307 Canton, Ohio 44702
PO Box 20349 Canton, Ohio 44701

Health, Safety and Environment Report Form

(To be filled out by the member and given to a HS&E committee chair)

Incident Category: Health/Safety FMLA Workers Compensation **(Circle 1)**

Date: ___/___/___ (of Incident) Time: ___:___ AM / PM (of Incident)

Employee Division: Child Support Children Services Human Services **(Circle 1)**

Floor: _____ Area: _____

Describe what happened (please use the back for additional information):

Recommendations on how to correct the problem(s) or action(s) needed to address the situation:

Name: _____ Job Classification: _____

Phone Number: (____)-____-____ Email: _____@_____

Management notified: yes / no Who: _____ Date: ___/___/___

Safety PA notified: yes / no Who: _____ Date: ___/___/___

Agency incident report completed (if safety/health related): yes / no Date: ___/___/___

Signature: _____ Date: _____

FOR HEALTH SAFETY AND ENVIRONMENT COMMITTEE USE ONLY

Received By: _____ Date: ___/___/___ Time: ___:___ AM / PM

Reviewed by Union Safety Committee: yes / no Date: ___/___/___

Referred to: Grievance Committee Agency Safety Committee

Resolution: Resolved Agency refused to address Not a valid complaint