

INSTRUCTIONS:

This form may be used by all employees to report workplace safety, health and environmental concerns and close call incidents to management. (NOTE: For Light Rail near-miss occurrence, provide verbal report to OCC at 408-546-7688). For additional information, please refer to the Hazard Management Program COS-SAF-PR-3002.

If hazard presents a clear and immediate danger to health and life, report the problem to your supervisor and if necessary, to the Safety & Compliance Department at (408) 321-5999.

Part 1: ORIGINATOR or STEWARD: Print all information legibly.

Discuss any safety hazard with your Supervisor for clarification before using this form.

Complete Part 1. Make a copy and submit **Original** to your immediate Supervisor/Foreperson/Dispatcher to acknowledge receipt by signature in Part 1.

If the reporting employee does not receive a response/feedback from the Supervisor or Manager within two (2) business days, please send a copy of the completed form to Safety and Compliance. Originator may request copies of the form and current status of any corrective action from the appropriate Superintendent/Manager/Supervisor.

Part 2: RESPONSIBLE SUPERVISOR/FOREPERSON/DISPATCHER TAKING ACTION

Complete Part 2 within (2) business days. Indicate immediate or temporary action taken to prevent further injury or damage or indicate "no action taken" and why. Supervisor will enter and upload Safety / Hazard and Close Call Report Forms in VTA's Electronic Hazard Reporting and Tracking System (EHRTS) if access available or email copy to Safety and Compliance at: ReportAHazard@VTA.org

- o Make a **Copy** and give to Originator
- o Make a copy for the applicable Safety Steward or Safety Committee Member
- o Give **Original** to Superintendent/Department Manager for completion of Part 3

Part 3: SUPERINTENDENT/DEPARTMENT MANAGER

Complete Part 3 within (3) business days of receipt. Distribute as follows if the **corrective action** is **changed** or the matter is still **not resolved**:

- o Make a revised copy for the applicable Originator/Safety Steward or Safety Committee Member
- o Upload copy in IndustrySafe if available or Email to: ReportAHazard@VTA.org

Part 4: SAFETY & COMPLIANCE DEPARTMENT

Enter receipt date and time. Contact Superintendent/Manager if hazard "not resolved" and treat as an automatic appeal. Assist Department in resolving per regulatory requirements and/or follow appeal procedure. Agendize for next Joint Safety Committee meeting as follows: (a) for review if hazard was resolved: (b) for discussion if issue was appealed.

Part 5: JOINT SAFETY COMMITTEE

Review appeal letter and recommended corrective action, accept corrective action, or reject and recommend alternative corrective action. Agree to close without resolution or draft written appeal to the Division Director requesting a resolution.

APPEALS

* If any party in the hazard reporting and resolution process is not satisfied with the resolution, the matter may be appealed in writing to Safety & Compliance Department.

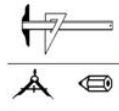
* Within ten business days Safety & Compliance will investigate and communicate its findings to the Union Safety Steward and party filing the appeal.

* In the event that the decision is not satisfactory, the matter may be referred to the appropriate Joint Safety Committee for review and a recommended disposition at its next scheduled meeting.

* If after review by the Joint Safety Committee the resolution is not satisfactory to any party, the matter may be referred to the appropriate Division Director.

SAFETY / HAZARD AND CLOSE CALL REPORTING FORM

COS-SAF-FR-3002A



1: ORIGINATOR or STEWARD

Time: _____ Date: _____

Reported By (Name): _____ Badge#: _____

Dept/Div: _____ Bldg: _____ Vehicle: _____

Location of Hazard, Unsafe Condition / Work Practice, or Close Call: _____

Description of Hazard, Unsafe Condition / Work Practice, or Close Call: _____

Suggestion For Resolving Hazard: _____

Received By (Name): _____ Date: _____ Phone: _____

(Immediate Supervisor/Foreperson/Dispatcher)

2: RESPONSIBLE SUPERVISOR/FOREPERSON/DISPATCHER TAKING ACTION *(Complete within 2 business days)*

Received By (Name): _____ Receipt Date: _____ Phone: _____

Results/Findings of Investigation (Please attach photos, and additional sheets if needed): _____

Root-Cause Analysis (underlying, system-related reason why an incident or hazard occurred): _____

Description of Corrective Action (due within 2-days of receipt): _____

Action Taken By: (Name): _____ Dept/Div: _____

Corrective Action Due Date: _____ Date Copy of Form Sent to Originator/Employee: _____

IndustrySafe System ID# _____ Resolved _____ Not Resolved _____ (Send copy to Safety & Compliance)

3: REVIEWED BY DIVISION SUPERINTENDENT/MANAGER *(Complete within 3 business days upon receipt)*

Received By (Name): _____ Receipt Date: _____ Phone: _____

Review of Effectiveness of Corrective Action Comments on Review: _____

4: SAFETY & COMPLIANCE DEPARTMENT

Received By (Name): _____ Receipt Date: _____ Phone: _____

Action Taken or Recommended: _____

(If appealed in writing, within 10 days add to applicable Joint Safety Committee agenda)

Actual/Projected Completion Date: _____ (Refer to IndustrySafe for additional information and updates)

5: RECOMMENDED DISPOSITION FROM JOINT SAFETY COMMITTEE (If Referred or Appealed)

Instructions, Distribution, and Appeals on Reverse