

Vancouver Service Area
SAFETY CONDITION REPORT



Date: _____ Time Filed: _____

Location of Hazard: _____

Advised Supervisor: _____ Time: _____

Description of Hazard: _____

Action Recommended: _____

Supervisor's Immediate Response/Action: _____

Report Filed By: _____ Employee #: _____

Employee Follow Up Contact Info: Email: _____

Phone #: _____

Supervisor's Signature: _____

Fax Completed Form To: 604-944-5708
*Supervisor must be given SCR or advised
Employee Keep Fax Confirmation*