

Workplace Health and Safety Concerns

All employees of Paladin Airport Security Services (PASS) have a significant responsibility in preventing workplace injuries and illnesses. Any employee with a concern regarding health and safety should fill out this form.

The form can be submitted to the on duty Service Delivery Manager (SDM) or Operations Manager (OM) in person. This form can also be emailed to the Pacific Occupational Health & Safety OH&S department @ pacific.ohs@paladinairportsecurity.com

Serious health and safety hazards must be reported immediately in person to the on duty SDM or OM.

COMPLETED BY THE EMPLOYEE			
Date (yyyy/mm/dd)	Employee Name	Employee email	
Airport	Checkpc	int	
Describe the safety c	oncern - Use as much deta	il as possible (who, what, when, where, how, why?)	
	tions for improvement of	vetuals mut in place at the time of the becaud discovered	
List any recommendations for improvement, controls put in place at the time of the hazard discovered was discovered, or any pending corrective actions.			



Paladin Airport Security Services

COMPLETED BY PASS		
Date received (yyyy/mm/dd)	Date investigated (yyyy/mm/dd)	
Name of investigation		
Name of investigator	Job title or position	
Investigation finding (summary)		
Investigation finding (summary)		
Corrective actions implemented		
Pending corrective actions and re-	ommendations	



COMPLETED BY PASS & THE EMPLOYEE

Does the employee agree with the corrective action plan?

Does the employee have additional feedback or recommendations

WORKPLACE SAFETY COMMITTEE REVIEW

Date received report (yyyy/mm/dd)

Report received by

Committee review and recommendations

Approval and Sign-Off (only one signature required)

Workplace Health and Safety Committee

OH&S Manager or Coordinator