OHS Shift Report

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| **Days**  | Date: | Supervisor: |

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| --- | --- | --- |
| Were there any staff injury/incidents or safety concerns on the last shift?  | * **Yes**
* **No**
 | If yes, please specify,  |
| Are there any equipment issues? * Issue documented in the Maintenance book?
 | * **Yes**
* **No**
 | If yes, please specify,  |
|  | Follow up? |
| Are we working short staffed this shift? If so, how will we safely make it through the shift? | * **Yes**
* **No**
 | If yes, detail plan,  |
| Is anyone on modified duties? If so, do we need to adjust our work load to ensure staff safety? | * **Yes**
* **No**
 | If yes, detail plan,  |

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| **Evening** | Date: | Supervisor: |

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| --- | --- | --- |
| Were there any staff injury/incidents or safety concerns on the last shift?  | * **Yes**
* **No**
 | If yes, please specify,  |
| Are there any equipment issues? * Issue documented in the Maintenance book?
 | * **Yes**
* **No**
 | If yes, please specify,  |
|  | Follow up? |
| Are we working short staffed this shift? If so, how will we safely make it through the shift? | * **Yes**
* **No**
 | If yes, detail plan,  |
| Is anyone on modified duties? If so, do we need to adjust our work load to ensure staff safety? | * **Yes**
* **No**
 | If yes, detail plan,  |

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| **Nights** | Date: | Supervisor: |

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| --- | --- | --- |
| Were there any staff injury/incidents or safety concerns on the last shift?  | * **Yes**
* **No**
 | If yes, please specify,  |
| Are there any equipment issues? * Issue documented in the Maintenance book?
 | * **Yes**
* **No**
 | If yes, please specify,  |
|  | Follow up? |
| Are we working short staffed this shift? If so, how will we safely make it through the shift? | * **Yes**
* **No**
 | If yes, detail plan,  |
| Is anyone on modified duties? If so, do we need to adjust our work load to ensure staff safety? | * **Yes**
* **No**
 | If yes, detail plan,  |

 **PLEASE NOTE: DO NOT ENTER ANY PERSONAL INFORMATION**