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: |

|  |  |  |
| --- | --- | --- |
| 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**