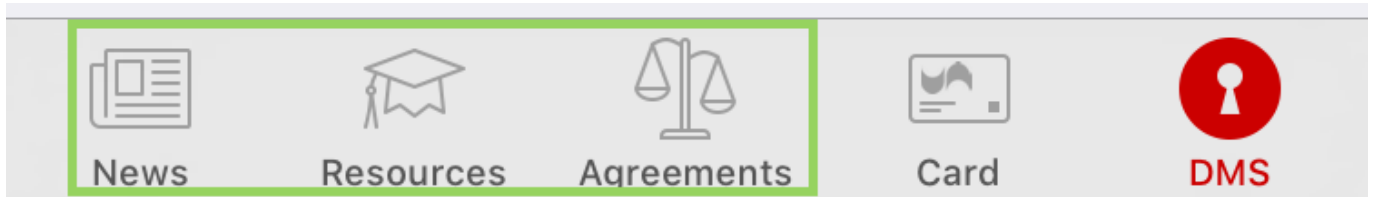


Tap on **News**, **Resources** or **Agreements** to access **Report a Concern**.



Report a Concern is located in the top right hand corner. Once tapped the different types of concerns will open. Tap on **Occupational Health & Safety**.



Report a Concern



What UNA Does for You



UNA Constitution (2017)

With Amendments as of October 2016



Joint Statements



Newsbulletins



Report A Concern

What kind of concern would you like to report?



Professional Responsibility



Occupational Health & Safety



Contract Issue

Cancel

UNA OH&S Form will open, in the **Employer** field tap and a list of **Employer's** will open. Scroll to find the correct one and tap to populate **Employer** field.

Cancel

UNA OH&S Form

If you have a concern about your or a co-worker's safety, you should fill out an Occupational Health & Safety (OH&S) Form as soon as possible.

Employer

Employee No.

01234567

Postal Code

T0T 0T0

Search

Cancel

Select An Employer

Alberta Health Services

Bethany Care Centre - Calgary

Bethany Care Society - Cochrane

Bethany Care Society - CollegeSide

Bethany Care Society - Sylvan Lake

Canadian Blood Services - Calgary

Canadian Blood Services - Edmonton/Red
Deer

Canadian Blood Services - Lethbridge

Capital Care Group

Carewest

Covenant Health - Banff Mineral Springs
Hospital

Covenant Health - Bonnyville Health Centre

The next two fields that need to be entered are **Employee No.** and **Postal Code**. This information is what the **Employer** has on file for you. **If you select Alberta Health Services, your Employee No. most likely does not begin with two zeros (your ID Badge may show the two zeros, but AHS only provides us the information with a single zero).**

Cancel **UNA OH&S Form**

If you have a concern about your or a co-worker's safety, you should fill out an Occupational Health & Safety (OH&S) Form as soon as possible.

Employer

Alberta Health Services

Employee No.

012345678910

Postal Code

t5k0c7

Search

The next screen is the **New OH&S Form**. Enter **Contact information** if you would like to be contacted, this is optional. Once field has been tapped a screen will open to enter in a **Phone Number** and **Email Address**. If you choose to enter, tap **Save**.

Cancel

New OH&S Form

Done

Bruce Wayne, 012345678910

Unsubmitted

My Local 121

Contact Info *(optional)*



Employer / Unit

Alberta Health Services /
Rockyview General
Hospital / (RGH)MH CRISIS
ASSESSMENT




Cancel

Save

If we need to contact you about this OH&S Form and you want to be reached at a specific phone number or e-mail address (or both), specify them here.

Phone Number

780-555-1234 

E-mail Address

(optional)

Next field is to enter in the **Incident Date & Time of Shift**. Tap in each field and manually enter the information. Tap on **Save**.

Cancel

Save

Incident Date & Time of Shift

Date

05/04/2017

Time / Shift

hh:mm OR shift info

Now you will need to complete **Describe the Nature of the Incident**. Tap in the field and manually enter the details of incident. Tap **Save** to save entry.

Cancel

Save

Please refrain from using names of the patients, clients, residents, staff, or doctors involved.

Describe the Nature of Incident

Next is the **What is the Suspected Hazard?** Tap in the field and manually enter the details of suspected hazard. Tap **Save** to save entry.

Cancel

Save

What is the suspected hazard?



The next section is **Any Injury or Disease Related to the Problem?** This is optional. If you do choose to complete this field, tap in the field and manually enter the details. Tap **Save** to save your entry.

Cancel

Save

Any injury or disease related to the problem? (if known)

Next is **What Action is Required?** Tap in the field and manually enter the details of action required. Tap **Save** to save your entry.

Cancel Save

What action is required?

|

Another optional field is **Supervisor Reported To**. If you do choose to complete this field, tap in the field and manually enter the details. Tap **Save** to save your entry.

Cancel Save

Supervisor Reported To

Supervisor's Name	Bob Smitherington
On Date	05/04/2017 ×

Next is the **Action Taken** field. Tap in the field and manually enter the details of action taken. Tap **Save** to save entry.

Cancel

Save

Action Taken

|

Once all the fields have been completed, tap on **Done** in top right had corner. A message will appear on the screen, "**Once you have submitted your form, you will not be able to make changes to it**". Tap on **Submit OH&S Form**.

Cancel

New OH&S Form

Done

Unsubmitted

My Local 6

Contact Info 780-555-1234

Employer / Unit Alberta Health Services /
Valleyview Health Centre /
NZ VLYVW HC NU09

Incident Date & 05/04/2017 @ 14:45


DESCRIBE THE NATURE OF THE INCIDENT


Once you have submitted your form, you will not
be able to make changes to it.

Submit OH&S Form

Cancel

A message will appear indicating the "OH&S form xxx-xxxx-xxxx has been successfully submitted".

Done **OH&S Form 006-2017-0014** 

 **OH&S Form Submitted**
OH&S Form 006-2017-0014 has been successfully submitted.

My Local 6

Contact Info 780-555-1234

Employer / Unit Alberta Health Services /
Valleyview Health Centre / NZ
VLYVW HC NU09
CombMedSurg

Incident Date & Time of Shift 05/04/2017 @ 14:45