

***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*