



Ed Mirvish Enterprises Limited  
Workplace Hazard Report Form

|                                                                                          |            |           |                             |
|------------------------------------------------------------------------------------------|------------|-----------|-----------------------------|
| Date and Time Hazard Identified                                                          |            |           |                             |
| dd                                                                                       | mm         | yyyy      | Time                        |
|                                                                                          |            |           | <input type="checkbox"/> AM |
|                                                                                          |            |           | <input type="checkbox"/> PM |
| Address of Hazard Location                                                               |            |           |                             |
| <input type="checkbox"/> Head Office (322 King St. W, Toronto, ON M5V 1J2)               |            |           |                             |
| <input type="checkbox"/> Princess of Wales Theatre (300 King St. W, Toronto, ON M5V 1J2) |            |           |                             |
| <input type="checkbox"/> Royal Alexandra Theatre (260 King St. W, Toronto, ON M5V 1H9)   |            |           |                             |
| <input type="checkbox"/> CAA Ed Mirvish Theatre (244 Victoria St. Toronto, ON M5B 1V8)   |            |           |                             |
| <input type="checkbox"/> CAA Theatre (651 Yonge St, Toronto, ON M4Y 1Z9)                 |            |           |                             |
| Exact Location of Hazard:                                                                |            |           |                             |
|                                                                                          |            |           |                             |
| Who Reported the Hazard                                                                  |            |           |                             |
| Last Name                                                                                | First Name | Job Title | Email                       |
|                                                                                          |            |           |                             |
| Describe the Hazard                                                                      |            |           |                             |
|                                                                                          |            |           |                             |
| How/Why is it a Hazard                                                                   |            |           |                             |
|                                                                                          |            |           |                             |



|                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>What are the possible consequences of the Hazard?</p> <p><input type="checkbox"/> First Aid Needed</p> <p><input type="checkbox"/> Serious Injury</p> <p><input type="checkbox"/> Long term illness</p> <p><input type="checkbox"/> Permanent Disability</p>                                                                  | <p>Risk level of Hazard?</p> <p><input type="checkbox"/> Minor</p> <p><input type="checkbox"/> Moderate</p> <p><input type="checkbox"/> Major</p> <p><input type="checkbox"/> Critical</p>             |
| <p>If requiring first aid is very likely or likely, determine controls that are reasonably practicable to minimize the risk.</p> <p>Eliminate hazard if:</p> <p>-serious injury is very likely or likely</p> <p>-long term illness is very likely or likely</p> <p>-permanent disability is very likely, likely, or unlikely</p> |                                                                                                                                                                                                        |
| <p>Have Corrective Actions been taken?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Under Review</p> <p><input type="checkbox"/> N/A</p>                                                                                                                               | <p>Have Control Measures been implemented?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Under Review</p> <p><input type="checkbox"/> N/A</p> |
| <p>If yes, describe Corrective Actions and/or Control Measures implimented</p>                                                                                                                                                                                                                                                   |                                                                                                                                                                                                        |
| <p>Form Completed By:</p> <p>Name: _____ Date: _____</p>                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                        |