

ABNORMALLY HAZARDOUS TASK REPORT

◆ **EMPLOYEE:** Type or print legibly and give to your immediate supervisor to identify an *abnormally hazardous or dangerous task*.

Name (Last, First, MI)	Classification	Bargaining Unit
Agency/Division	Employing Unit & Work Location	
Work Phone No. Including Area Code	Mailing Address for Response	

Describe the abnormally hazardous or dangerous task. State all facts, including time, place of incident, names of persons involved, type of object or substance likely to cause injury; describe injury which might result, etc. Attach additional pages if necessary.

Employee's suggested resolution – Physical changes needed, procedure revisions, etc.

Employee Signature: _____ Date _____

◆ **SUPERVISOR:** Review the situation with the employee and attempt to resolve the matter.

MATTER MUTUALLY RESOLVED - explain below:

Supervisor Name (print)	Work Phone No.	Date Rec'd	Supervisor Signature & Date
-------------------------	----------------	------------	-----------------------------

Employee acknowledges above decision (signature): _____ Date: _____

◆ **SAFETY OFFICER:** Comments

Copy sent to: Employee, Supervisor, Local Health & Safety Committee, Joint Health & Safety Committee, and agency head - Date sent _____

Safety Officer Name & Work Title (print)	Work Phone No.	Date Rec'd	Safety Officer Signature & Date
--	----------------	------------	---------------------------------

◆ **JOINT HEALTH & SAFETY COMMITTEE:** Comments

**ABNORMALLY HAZARDOUS TASK REPORT
ADDITIONAL PROCESSING INFORMATION & INSTRUCTIONS**

For purpose of this procedure: ABNORMALLY DANGEROUS OR HAZARDOUS TASKS ARE DEFINED AS: **“Those tasks, the dangers of which are identifiably greater than the dangers or hazards inherent to the usual performance of a given job.”**

Staffing patterns, population, and overcrowding issues are not subject to recourse under this procedure.

1. EMPLOYEE INFORMATION

- a. Abnormally Hazardous Task Reports, OSER-DCLR-33, are available from your immediate supervisor, your agency’s human resources office and local steward.
- b. Complete Employee portion of form, sign and date in the Employee section only and forward form to your immediate supervisor.

2. SUPERVISOR’S DUTIES

- a. Review the situation with the employee and attempt to resolve the matter. Discuss reason of resolution or non-resolution with the employee.
- b. The supervisor may assign the employee to other available work consistent with work usually performed by the employee.
- c. Complete Supervisor portion of form, sign and date.
- d. After addressing the employee’s claim, the employee needs to acknowledge discussion with supervisor by signing and dating form below the supervisor’s signature in the Supervisor section.
- e. Forward original report to the designated Safety Officer.

3. AGENCY SAFETY OFFICER’S DUTIES

- a. Investigate the incident. Complete an onsite inspection, if necessary.
- b. If matter is unresolved between the supervisor and the employee, attempt to resolve given the investigation, department resources, procedures, etc.
- c. Complete Safety Officer portion of form, sign and date, and forward a copy to:
 - Signing Supervisor
 - Employee
 - Local Health & Safety Committee (Agency)
 - Joint Health & Safety Committee (one each to OSER & WSEU Council 24)
 - Your agency head or appointing authority

Office of State Employment Relations
Division of Comp. & Labor Relations
101 E. Wilson St., 4th Floor
P.O. Box 7855
Madison, WI 53707-7855

WSEU-AFSCME District Council 24
8033 Excelsior, Suite C
Madison, WI 53717

FORMS ORDERING INFORMATION: This form can be ordered through the Dept. of Administration, Forms Center, 202 S. Thornton Ave., PO Box 7840, Madison, WI 53707-7840. Stock No. 5051.