



Occupational Health and Safety Concern Form

This concern form is to report a potential or existing hazard which you believe presents a risk to the health or safety of individuals in your workplace. Please submit to your principal or supervisor. The procedure is outlined on the reverse of this document.

Section 1 – (To be completed by worker)

Name of worker:	School/location:	Bargaining unit:
Room/area of concern:	Date submitted to principal/supervisor:	

Health and safety concern
Describe the concern, its background and possible suggestions for resolution:

Section 2 – (To be completed by principal/supervisor)

Response from principal/supervisor – within 7 working days (holidays excepted) of receipt from worker
Identify the corrective action proposed or taken (see reverse for further steps)

Investigated: Yes No (check one)

Actions taken: None required OHS Facilities Other (specify) _____

Signature of principal/supervisor	Date Concern Form returned to Worker:
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Resolved:

Section 3 - Please initial - _____ Principal/supervisor _____ Worker

Concern not resolved (further inquiry requested)

⇒ Principal/supervisor forwards a copy of the completed form to the OHS Division and

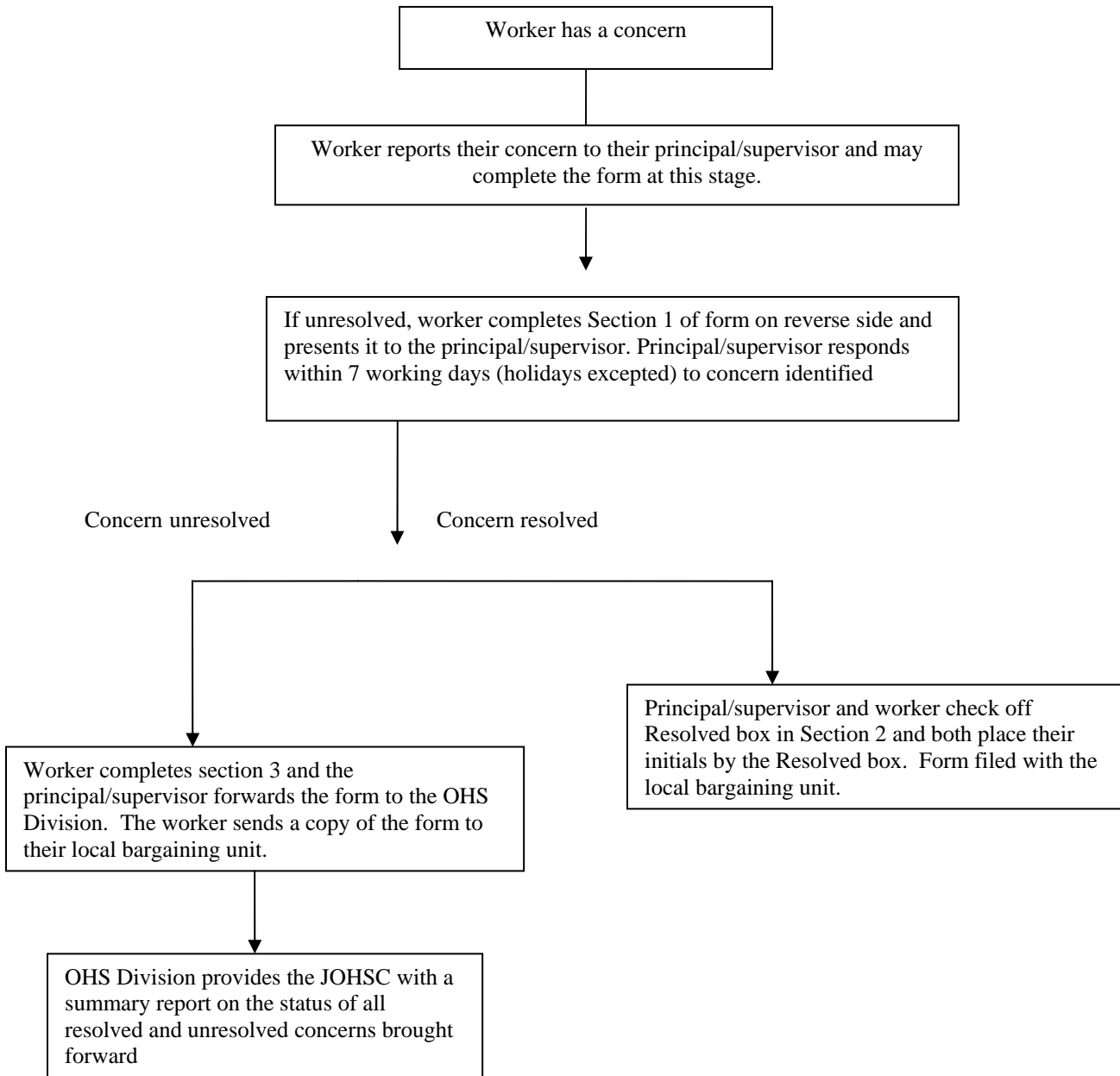
⇒ Worker forwards a copy of the completed copy to their union office

PLEASE RETAIN A COPY BEFORE SUBMITTING IT TO YOUR PRINCIPAL/SUPERVISOR



Internal Responsibility System (IRS)

flowchart



* The OHS Division can be contacted at any of these points for assistance