



Notice of Workplace Safety and Health Concern

Section #1: To be completed by Employee.

Employee Name: _____

Workplace Site: _____ Classification: _____

Phone #: _____

Supervisor (Name & Title) Reported to: _____

Date of Incident: _____

Date Reported: _____ Time Reported: _____

CONCERN: (Attach a page if additional space is required).

Describe assigned task/duty: _____

Nature of Concern:

What action(s) would you suggest be taken?

Have you contacted your Health & Safety Representative? ☐ Yes ☐ No

Submitted to Supervisor on: _____
Date

Signature

Supervisor Response: **See Section #2**



Section #2: To be completed by Supervisor.

Date Received: _____

- ☐ Concern needs to be addressed.
- ☐ Concern previously addressed. Education/review to follow up.
- ☐ Concern addressed by elimination of identified hazards and/or implementation of procedures to control hazards.

↳ Deadline for completion of actions/recommendations: _____

↳ Date actions/recommendations completed: _____

Action Taken/ Recommendations:

Discussed with:

- ☐ Employee
- ☐ Workplace Safety and Health Representative
- ☐ Applicable Workplace Safety & Health Committee Member
- ☐ Other (specify) _____

Issue Resolved:

- ☐ YES - Copied to Workplace Safety & Health Committee as information.
- ☐ NO - Referred to Workplace Safety & Health Committee for investigation.

Reporting Employee Notified:

- ☐ YES Date of Notification: _____

Employee to complete after recommendations/actions are completed:

- ☐ I agree that my Safety and Health concerns have been addressed
- ☐ I DO NOT agree that my Safety and Health concerns have been addressed

Employee Signature

Date

Supervisor Signature

Date



Section #3: To be completed by Workplace Safety & Health Committee (if applicable)

Date Received: _____

Priority: ☐ Life Threat (high) ☐ Health Threat (moderate) ☐ Risk of Injury (lower)

Task Analysis	Safety & Health Concerns	Recommended Actions/Controls

Person to Complete Remedial Action:

Proposed Resolution Date: _____

Revised Resolution Date: _____

Action Taken:

Final Resolution Date: _____

Reporting Employee Notified: ☐ YES Date of Notification: _____

Co-Chairperson Signature

Date

Co-Chairperson Signature

Date

Copies:

- ☐ Principal
- ☐ Supervisor
- ☐ Transportation Manager