## Safety Manual Administration Notice of Workplace Health and Safety Concern

SM: 201A

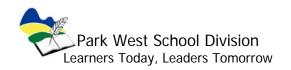
## **Notice of Workplace Safety and Health Concern**

Section #1: To be completed by Employee.		
Employee Name:		
Workplace Site:	Site: Classification:	
Phone #:		
Supervisor (Name & Title) Reported to:		
Date of Incident:		
Date Reported:	Time Reported:	
CONCERN: (Attach a page if additional space	e is required).	
Describe assigned task/duty:		
Nature of Concern:		
What action(s) would you suggest be taken?		
Have you contacted your Health & Safety Rep	oresentative? □ Yes	□ No
Submitted to Supervisor on:	Signature	
Supervisor Response: See Section #2		

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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:   Date of Notifica			
Employee to complete after recommendations/actions are co	ompleted:		
☐ I agree that my Safety and Health concerns have been as ☐ I DO NOT agree that my Safety and Health concerns have  Employee Signature  Date			
Supervisor Signature	Date		



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Section #3: To be completed	d by Workplace Safety & H	ealth 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	е		
Co-Chairperson Signature	Date	e		
Copies:  ☐ Principal ☐ Supervisor ☐ Division Safe	ety Officer			