



**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
- Division Safety Officer