



# HEALTH AND SAFETY CONCERN FORM

**Instructions are on the reverse side.**

Worker's Name:	Work Site:
Worker's Affiliation:	Supervisor's Name:

## The Worker's Concern

Describe the Concern, its background and suggestions for resolution. Retain a copy of this page before submitting it to the Supervisor.

Attach additional pages as needed.

Date the Concern Form was submitted to the Supervisor:

## The Supervisor's Response

Date the Concern Form was received by the Supervisor:

The Supervisor shall respond with action taken in the space below within 5 days of receipt of this Concern Form. Copies of this completed form, including the response, are to be immediately forwarded to the regional Joint Health and Safety Committee (JHSC), to the concerned worker and to the Health and Safety Office at 17 Fairmeadow Ave., Suite 203 or by fax 416-397-3215.

Attach additional pages as needed.

Date of Supervisor's response:

Supervisor's signature:

Date of receipt of response by worker:



# Health & Safety Concern Form Instructions

A **Concern** is defined as a potential or existing hazard which presents risk to the Health or Safety of individuals in the workplace.

All employees are encouraged to bring to the attention of their immediate supervisor, either directly or through their union representative, their Occupational Health and Safety (OH&S) Concerns as per the Occupational Health and Safety Act section 28 (1) (c) and (d).

Your worker Site Contact person for Health and Safety and/or your union's regional Joint Health and Safety Committee (JHSC) member is available for assistance in completion of this Concern Form.

In the upper half of the other side of this form the worker is to describe the Concern, its background and suggestions for resolution. The worker is to submit the Form to the immediate Supervisor. The worker is to retain a copy of the other side of this form before submitting it to the Supervisor.

If, five days after submitting this Concern Form, the worker has not received a response from the Supervisor, the worker must send, by inter-office mail or fax (416-397-3215), a copy of the form to the appropriate union Joint Health and Safety Committee member as listed on the site's Health and Safety Bulletin Board. The mailing address for all Joint Health & Safety Committee members is 17 Fairmeadow Ave, Suite 205.

The Supervisor shall respond to the Concern, including the action taken, in the lower half of the other side of this form within 5 days of receipt of the Concern Form. Copies of the Concern Form, including the response, are to be immediately forwarded by the Supervisor to the regional JHSC, to the concerned worker and to the Health and Safety Office at 17 Fairmeadow Ave, Suite 203.

Designated members of Regional Joint Health and Safety Committees may investigate Concerns and monitor that the requirements of the OH&S Act and Regulations are carried out.