

RESULT	
	Resolved within Dep't
	Referred to JHSC

SAFETY CONCERN FORM

INSTRUCTIONS

The purpose of this form is to provide the employee with an effective means to document and communicate health and safety concerns that exist in the workplace. The PVNCCDSB supports identification and resolution of unsafe working conditions as quickly as is practically possible.

Steps to Resolving a Health and Safety Concern

STEP 1

- I. Inform your immediate supervisor verbally and provide any recommendations possible.
- II. If the hazardous condition is resolved, no further action is required (this form is not necessary).

STEP 2

- I. If the safety concern has not been reasonably resolved, or it is not practical to provide the concern verbally, complete this Safety Concern Form.
- II. Employee must complete Part 1 of the form. Provide as much information as is necessary to ensure the Supervisor understands the exact safety concern. Provide recommendations.
- III. The employee may consult with their Health and Safety Representative for direction in this process.
- IV. Provide factual information relevant to the concern only.
- V. Forward the form to the immediate supervisor. (You may wish to retain a copy for your records.)

STEP 3

- I. The immediate supervisor will review the concern and determine what action is required. Employees are expected to follow all procedures/ measures implemented to rectify the concern.
- II. The supervisor shall respond to the employee's concern within 5 working days of receiving the form by completing Part 2 of the form.
- III. The supervisor shall return a copy of the completed form to the employee and copy the Health and Safety Officer.

STEP 4

- I. If the employee/ supervisor feel that a condition still exists then the employee/ supervisor should provide a copy of the Safety Concern Form to their Joint Health and Safety Committee Representative. That representative shall bring the issue to the next Joint Health and Safety Committee meeting. The issue shall be discussed and further recommendations made.

HS#08 / JHSC T of R- APPENDIX B	
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SEE OTHER SIDE FOR INSTRUCTIONS

Note: If the safety concern you are reporting resulted in an injury or property damage, please complete an HR5- Employee Incident/ Injury Report. If the concern is likely to cause injury, ENSURE THAT PRECAUTIONS ARE TAKEN TO PREVENT AN ACCIDENT before completing this form (for example- verbal warnings, set-up temporary barriers, use warning signs, lock-out or remove faulty equipment).

<i>PART 1: WORKER INFORMATION</i>	
Worker Completing Form: <small>First and Last Name</small>	Worker Position:
Facility and Location of Hazard:	Date and Time of Report: <small>dd/mmm/yr</small>
Description of Hazard:	
List 3 recommendations to correct the above noted hazard (if possible):	
Worker Signature:	Union Affiliation:
<small>**Once you have completed section 1, forward a copy of this report to your Supervisor for comment**</small>	
<i>PART 2: SUPERVISOR RESPONSE</i>	
Supervisor Completing Form: <small>First and Last Name</small>	Date and Time of Receipt: <small>dd/mmm/yr</small>
Supervisor Response: <small>(include action taken and due dates)</small>	
Supervisor Signature:	Date and Time of Response: <small>dd/mmm/yr</small>
<small>**Supervisor shall respond to employee in writing within 5 working days**</small>	
<i>PART 3: JHSC RECEIPT (IF REQUIRED)</i>	
<small>**If the employee and/or supervisor feel that a hazardous condition still exists then the employee/supervisor should forward this form to their joint health and safety committee representative. That representative shall bring the issue to the next Joint Health and Safety Committee meeting. The issue shall be discussed and further recommendations made.</small>	
Name of JHSC Representative Receiving Copy: <small>First and Last Name</small>	Date: <small>dd/mmm/yr</small>
Date of Next JHSC Meeting to which issue will be referred:	