



# Occupational Health and Safety Concern Form

**This concern form is to report a potential or existing hazard which you believe presents a risk to the health or safety of individuals in your workplace. Please submit to your principal or supervisor and keep a copy for your records. Any hazard which is identified as immediately dangerous to life or health must be brought to the Principal/Supervisor’s attention without delay and all steps reasonable to control the hazard must taken immediately.**

### Section 1 – (To be completed by worker)

|                       |   |                  |
|-----------------------|---|------------------|
| Name of worker:       | School/location:                        | Bargaining unit: |
| Room/area of concern: | Date submitted to principal/supervisor: |                  |

### Health and Safety Concern

Describe the concern, its background and possible suggestions for resolution:

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### Section 2 – (To be completed by principal/supervisor)

#### Response from principal/supervisor – within 7 working days (holidays excepted) of receipt from worker

Identify the corrective action proposed or taken (see reverse for further step)

Actions taken: None required  OHS  Facilities  Other  (specify)\_\_\_\_\_

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Signature of principal/supervisor

Date Concern Form returned to Worker:

### Section 3 – (To be completed by worker)

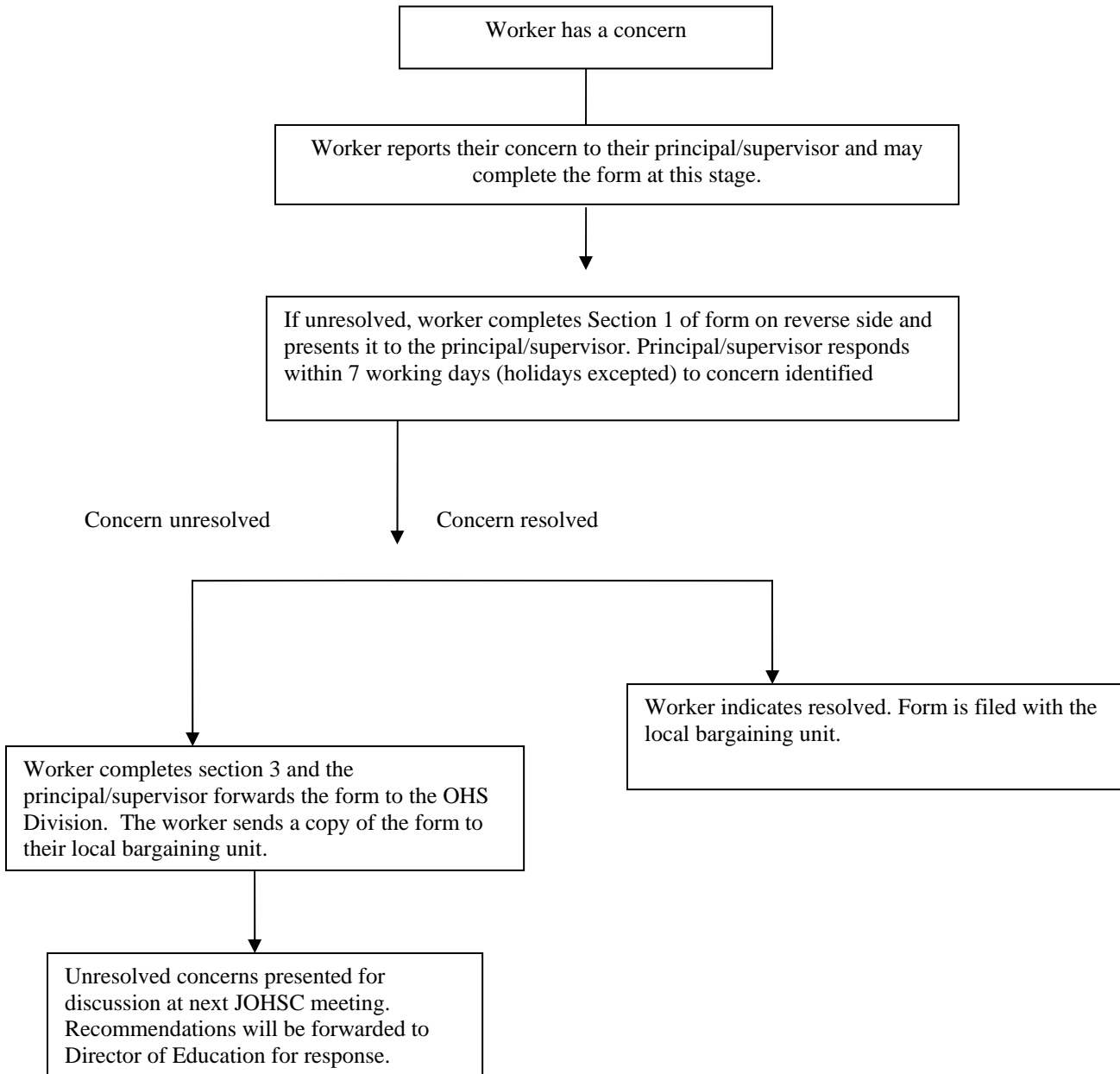
Issue Resolved \_\_\_\_\_ Unresolved \_\_\_\_\_

After Section 3 is completed, worker forward copy to bargaining unit office and principal/supervisor forwards to OHS Division.



# Internal Responsibility System (IRS)

## Flowchart



\* The OHS Division can be contacted at any of these points for assistance