

OCCUPATIONAL HEALTH AND SAFETY CONCERN FORM

This form is to assist employees formally bring health and safety concerns forward to the local OH&S committee or representative.

Use the back of this paper if additional room is required.

Employee: _____ Supervisor: _____

Work Location: _____

Date Concern Identified: _____ Date Concern Brought Forward: _____

Nature of concern and/or observations of occurrence:

Actions already taken by employee and/or supervisor to resolve concern:

Suggested Remedies:

Supervisor's Comments:

Senior Manager's Comments:

Actions requested of OH&S committee/representative and have actions resolved the concern?

Employee's Signature Supervisor's Signature Senior Manager's Signature