

**WORKPLACE SAFETY AND HEALTH
EMPLOYEE SAFETY CONCERN FORM**

EV1

Workplace Safety and Health

EMPLOYEE CONCERN FORM

This form is to be used for reporting of safety concerns require attention. Urgent safety concerns should be reported immediately to the Human Resources/Safety Officer.

ORIGINATOR: _____	DATE: _____
BUILDING OR SITE:	
SPECIFIC AREA:	
CONCERN:	
ACTION TAKEN:	
Action taken by: _____ Date: _____	
RESOLUTION:	
Resolved? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature: _____ Date: _____	

Copy to:
 Principal/Director/Supervisor (advise Caretaker)
 Workplace Safety & Health Committee Employer Co-Chair (Human Resources/Safety Officer)
 Workplace Safety & Health Committee Employee Co-Chair
 (Click to e-mail to: vicepresident@retta.ca)

Effective Date:	January 4, 2005	Policy
Amended Date:	October 17, 2006	Regulation
Board Motion(s):	19/05; 423/06	Exhibit XXX
Legal/Cross Reference:		