

Turtle Mountain School Division Workplace Safety and Health Notice of Concern

Section #1: To be completed by Employee, submit to supervisor and WPSH site rep.

Employee Name: _____

Workplace Site: _____ Classification: _____

Phone #: _____

Supervisor (Name & Title) Reported to: _____

Date of Incident: _____

Date Reported: _____ Time Reported: _____

CONCERN: (Attach a page if additional space is required).

Describe assigned task/duty: _____

Nature of Concern: _____

What action(s) would you suggest be taken?

Have you contacted your Health & Safety Representative? Yes No

Submitted to Supervisor on: _____

Date

Signature

Supervisor Response: **See Section #2**

Section #2: To be completed by Supervisor, copy to employee and WPSH site rep.

Date Received: _____

- Concern needs to be addressed.
- Concern previously addressed. Education/review to follow up.
- Concern addressed by elimination of identified hazards and/or implementation of procedures to control hazards.

↳ Deadline for completion of actions/recommendations: _____

↳ Date actions/recommendations completed: _____

Action Taken/ Recommendations:

Discussed with:

- Employee
- Workplace Safety and Health Representative
- Applicable Workplace Safety & Health Committee Member
- Other (specify) _____

Issue Resolved:

- YES - Copied to Workplace Safety & Health Committee as information.
- NO - Referred to Workplace Safety & Health Committee for investigation.

Reporting Employee Notified YES Date of Notification: _____

Employee to complete after recommendations/actions are completed:

- I agree that my Safety and Health concerns have been addressed
- I DO NOT agree that my Safety and Health concerns have been addressed

Employee Signature

Date

Supervisor Signature

Date

Section #3: To be completed by Workplace Safety & Health Committee (if applicable)

Date Received: _____

Priority: Life Threat(high) Health Threat (moderate) Risk of Injury (lower)

Task Analysis	Safety & Health Concerns	Recommended Actions/Controls

Person to Complete Remedial Action:

Proposed Resolution Date: _____ Revised Resolution Date: _____

Action Taken: _____

Final Resolution Date: _____

Reporting Employee Notified: YES Date of Notification: _____

Copies:

- Principal
- Supervisor