

Health and Safety Concern Report Form

This form has been developed pursuant to Section 17(2) of the OHS Act, to assist all parties to follow the legislated steps in resolving the concern and to provide a means of documenting both the concern and the actions taken to resolve it.

Report by Employee	
Name of employee submitting concern:	
Signature:	
Phone #:	Date Submitted:
Description of health or safety concern, including specific location of hazard:	
Description of corrective or preventive action suggested:	
Suggestion regarding who may be responsible for corrective or preventive action:	
Reported to (print name of Manager or Chair):	
Received by (Signature)	Date:

Reply by Manager or Chair**(ASAP, initial response required within 10 working days)****Description of problem(s) identified (or reason why the concern was not accepted):****Description of corrective or preventive action(s) taken:****Description of corrective or preventive action(s) still required:****Further action referred to:****Date action to be completed:****This form completed by:****Date:****Response by Employee Originating this Concern Report****Response satisfactory?** **YES (File this report, copy to OHS Office)** **NO (Forward to the JOHSC)****Signature:****Date:****Recommendations made to:****Date action to be completed:****This form completed by:**