



HEALTH AND SAFETY CONCERN/NEAR MISS INCIDENT FORM

<input type="checkbox"/> CONCERN
<input type="checkbox"/> NEAR MISS

Instructions are on the reverse side.

Worker's Name:	Work Site:
Worker's Union Affiliation:	Supervisor's Name:
DATE this form was submitted to the Supervisor:	

The Worker's Concern

Describe the Concern/Near Miss Incident, its background and suggestions for resolution. Retain a copy of this page before submitting to the Supervisor.

Attach additional pages as needed.

The Supervisor's Response

Date the Concern/Near Miss Incident Form was received by the Supervisor:

The Supervisor shall respond with action taken in the space below within 5 business days of receipt of this Form. Copies of this completed form, are to be forwarded immediately to the worker, the Health & Safety Office either by fax 416-397-3215 or by email occupationalhealth&safety@tdsb.on.ca: who shall forward to the appropriate JHSC Committee member.

Attach additional pages as needed.

Date of Supervisor's response:	Supervisor's signature:
Date of receipt of response by worker:	