HEALTH AND SAFETY CONCERN/NEAR MISS INCIDENT FORM INSTRUCTIONS

A Concern is defined as a potential or existing hazard which presents risk to the Health or Safety of individuals in the workplace.

A **Near Miss Incident** is defined as an event or condition, which, under slightly different circumstances could have resulted in harm to people.

All employees are encouraged to bring to the attention of their immediate supervisor, either directly or through their union representative, any Occupational Health and Safety (OH&S) Concerns/Near Miss Incidents as per the Occupational Health and Safety Act section 28 (1) (c) and (d).

Your school's Site Contact person for Health and Safety and/or your union's regional Joint Health and Safety Committee (JHSC) member is available to assist in this Concern/Near Miss Incident Form.

The worker will complete the Form, describing the Concern/Near Miss Incident, its background, and suggestions for resolution. The worker will retain a copy of the Form and then submit the Form to his/her immediate Supervisor.

If, five days after submitting this Concern/Near Miss Incident Form, the worker has not received a response from the Supervisor, the worker will send, by inter-office mail or fax (416-397-3215), a copy of the Form to the appropriate union JHSC member as listed on the site's Health and Safety Bulletin Board. The mailing address for all Joint Health & Safety Committee members is 17 Fairmeadow Ave, Suite 205.

The Supervisor shall respond to the Concern/Near Miss Incident, including the action taken, as indicated on the form within 5 days of receipt of the Concern/Near Miss Incident Form. Copies of the Form, including the response, are to be immediately forwarded by the Supervisor to the regional JHSC, to the worker, and to the Health and Safety Office at 17 Fairmeadow Ave, Suite 203.

Designated members of Regional JHSC may investigate Concerns/Near Miss Incidents and ensure that the requirements of the OH&S Act and Regulations are carried out.



Worker's Name:

HEALTH AND SAFETY CONCERN/NEAR MISS INCIDENT FORM

CONCERN
NEAR MISS

Instructions are on the reverse side.

Work Site:

Worker's Affiliation:	Supervisor's Name:		
The Worker's Concern			
Describe the Concern/Near Miss Incident, its backgrour this page before submitting to the Supervisor.			
	Attach additional pages as needed.		
Date the Concern/Near Miss Incident Form was submitted to the Supervisor:			
Pare the Concernification was submitted to the supervisor.			
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 sp. Form. Copies of this completed form, including the respondal Joint Health and Safety Committee (JHSC), to Fairmeadow Ave., Suite 203 or by fax 416-397-3215.	ponse, are to be immediately forwarded to the		
	Attach additional pages as needed.		
Date of Supervisor's response:	Supervisor's signature:		
Date of receipt of response by worker:			