



1 0 1 The City of Toronto, Ontario
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www.ncdsb.on.ca

HEALTH & SAFETY CONCERN FORM

EMPLOYEE SECTION

Name: _____ Date: _____

Position: _____ School/Board: _____

Describe health & safety concern:

Proposed solution:

PRINCIPAL/SUPERVISOR SECTION

Action taken:

Supervisor signature: _____ Date: _____

BOARD OFFICE SECTION

Action taken:

Supervisor signature: _____ Date: _____

Employee Principal/Supervisor Principal/Supervisor H&SC Chair, Manager within two (2) working days
X D CE I • AE Employee, Principal/Supervisor, H&SC, Chair, Manager within two (2) working days