



# HEALTH AND SAFETY CONCERN/NEAR MISS INCIDENT FORM

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

**Instructions are on the reverse side.**

<b>Worker's Name:</b>	<b>Work Site:</b>
<b>Worker's Union Affiliation:</b>	<b>Supervisor's Name:</b>
<b>DATE</b> 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, including the response, are to be forwarded immediately to the Health and Safety Office either by email to [OccupHealth\\_Safety@tdsb.on.ca](mailto:OccupHealth_Safety@tdsb.on.ca) or by fax 416-397-3215.

Attach additional pages as needed.

<b>Date</b> of Supervisor's response:	<b>Supervisor's signature:</b>
<b>Date</b> of receipt of response by worker:	

# 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).

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.

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 Health & Safety Office at 17 Fairmeadow Ave, Suite 203.

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, either by e-mail to [OccupHealth\\_Safety@tdsb.on.ca](mailto:OccupHealth_Safety@tdsb.on.ca) or by fax 416-397-3215, a copy of the Form to the appropriate union/federation 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.

Following consultation with the Regional Health & Safety Officer, a designated member of JHSC may investigate Concerns/Near Miss Incidents to ensure that the requirements of the OH&S Act and Regulations are carried out.