

Title: **WORKPLACE HEALTH AND SAFETY CONCERN**

Adopted: September 2010

Revised: November 2019

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## **PURPOSE**

The purpose of this procedure is to outline the steps to be taken when an employee identifies a potential or existing hazard which presents risk to the health and safety of individuals in the workplace.

## **BACKGROUND**

1. The Ontario Health and Safety Act – Section 28(1) states that:  
“A worker shall: (d) Report to his or her employer or supervisor any contravention of this Act or the Regulations or the existence of any hazard of which he or she knows.”
2. A CONCERN is defined as a potential or existing hazard which presents risk to the Health or Safety of individuals in the workplace. It could be mould or asbestos, violence to staff or any other occupational health and safety concern.
3. Remember that the Ontario Health and Safety Act relates only to staff. If there is a concern about student safety the staff responsibility to report the concerns to the Teacher, Principal or Director under Safe Schools.

## **PROCEDURES**

4. If a concern about a safety or health issue within the school has been identified by a staff person, the first thing the staff person must do is to notify the Principal. The best way is to do this in person as it is easier to provide details and to answer questions.
5. Normally within a few business days, the concern should have been rectified, or action has been taken to have it rectified (i.e. a Meditech order has been submitted).
6. If it is felt that adequate steps have not been taken to improve the situation or no information has been provided as to what processes have taken place, the Health and Safety Concern Form should be submitted and submit it to the Principal. A copy should be kept by the reporting staff person.
7. The Principal must return the completed form, including their response, to the staff person and forward a copy to the Health and Safety Committee Chairs within five business days. If the response is thought to be inadequate or no response has been received, the Health and Safety Certified Members should be notified.



**HEALTH AND SAFETY  
CONCERN FORM**

**Return complete form to the Principal immediately upon completion**

**PERSONAL INFORMATION**

Last Name		First Name	
Position		Room/Extension	

**WORKER'S CONCERN**

Describe the concern, its background and suggestions for resolution. Retain a copy of this page before submitting it to the Principal.


Employee's signature		Date	
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**ADMINISTRATION'S RESPONSE**

Date received by the Principal	
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Administration shall respond with action taken in the space below within five business days of receipt of this form. Copies of the completed form will be kept with the Principal and with the Joint Health and Safety Committee.


Administration signature		Date	
Signed receipt of response by employee:		Date	

**PLEASE USE REVERSE SIDE IF MORE SPACE IS REQUIRED.**