

**TRILLIUM LAKELANDS DISTRICT SCHOOL BOARD
JOINT OCCUPATIONAL HEALTH AND SAFETY COMMITTEE
SAFETY CONCERN FORM
(Unresolved)**

SECTION ONE - REPORT OF SAFETY CONCERN (to be reported by the Worker)

SCHOOL/SITE: _____

SAFETY CONCERN

PRINCIPAL'S/SUPERVISOR/S RESPONSE

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Worker Name _____

JOHSC Member (Union) _____

JOHSC Member (Designate) _____

Date: _____

SECTION TWO - WORKER ACCEPTANCE

Yes _____

No _____

If "NO", give reasons _____

WORKER _____

DATE _____

JOHSC Member (Union) _____

JOHSC Member (Designate) _____

SECTION THREE - COMMENTS FOR JOHS COMMITTEE (to be completed by Committee members)

Comments _____

JOHSC Member (Union) _____

JOHSC Member (Designate) _____

DATE: _____