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# 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 → [amarks@ncdsb.on.ca](mailto:amarks@ncdsb.on.ca)  
A.Marks → Employee, Principal/Supervisor, JH&SC Chair, Plant Manager within two (2) working days