



Employee's Report of Health & Safety Concern

for use in all DSBN Work sites, according to procedure on back of this form.
Administrator's response (below double line) should be made within 5 working days.

Work site: _____ Date: _____

To (Site supervisor): _____

From: _____ Union (or other): _____

Copy To (Site H & S Rep): _____

Urgent! Repeat or recurring concern?: Yes ___ No ___

Concern: _____

Response (Action by Site supervisor to resolve concern):

Individuals contacted by Site supervisor to help resolve this concern:

Name	Department	Date	Response

