



# HEALTH AND SAFETY CONCERN/NEAR MISS INCIDENT FORM

**CONCERN  
NEAR MISS**

**Instructions are on the following page.**

<b>Worker's Name:</b>	Work Site:
<b>Worker's Union Affiliation:</b>	Supervisor's Name:
<b>DATE</b> (DD-MMM-YYYY) 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. **A copy of this form must be provided to your supervisor in hard copy or electronically by clicking the button below.**

Attach additional pages as needed.

### The Supervisor's Response

**Date** (DD-MMM-YYYY) 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. **A copy of this completed form, including the response, are to be forwarded immediately to the worker. Copies must then be forwarded to Occupational Health & Safety (OH&S) by email to [OccupationalHealth&Safety@tdsb.on.ca](mailto:OccupationalHealth&Safety@tdsb.on.ca) or by clicking the button below.**

Attach additional pages as needed.

<b>Date</b> of Supervisor's response:	Supervisor's signature:
<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 workers shall bring to the attention of their immediate supervisor, 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). In addition workers may inform their Joint Health and Safety Committee Worker Representative and/or Occupational Health and Safety.

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 their immediate supervisor.

The supervisor shall respond to the Concern/Near Miss Incident, including the action taken, as indicated on the Form within 5 business days of receipt of the Concern/Near Miss Incident Form. A complete copy of the Concern/Near Miss Incident Form, including the Supervisors response, are to be immediately forwarded to the worker either via email or hard copy.

The supervisor shall then forward a copy of the completed form to Occupational Health & Safety at [OccupationalHealth&Safety@tdsb.on.ca](mailto:OccupationalHealth&Safety@tdsb.on.ca).

If the worker has not received a written response from the supervisor within 5 business days of receipt, the worker will send a copy of the form to the appropriate union/federation JHSC member/Inspector as listed on the [JHSC Meeting Minutes](#) or [OH&S webpage](#).

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.