



Interlake School Division

## WORKPLACE SAFETY & HEALTH

### CONCERN FORM

Date: \_\_\_\_\_

School/Building: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Location of Concern: \_\_\_\_\_

Nature of Concern: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Remedial Action Required: \_\_\_\_\_

\_\_\_\_\_  
Reported To: \_\_\_\_\_

Action Taken: \_\_\_\_\_

\_\_\_\_\_  
Name of School Representative: \_\_\_\_\_

Building Operations Supervisor comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### PLEASE RETURN FORM WHEN WORK HAS BEEN COMPLETED

Date Referred: \_\_\_\_\_

Action Required: \_\_\_\_\_

\_\_\_\_\_  
Follow-up Required: \_\_\_\_\_ Date Completed: \_\_\_\_\_