



# Safety Concern Report Form

*Available in Alternate Formats Upon Request*

The Safety Concern Form is used in case an employee or student identifies a potential hazard. It is designed to promote and simplify the reporting of potential safety issues identified by students, faculty, and staff. It serves as a mechanism to promptly convey safety concerns or hazards.

<b>Part A: Safety Concern Identification – Completed by the Student/Employee</b>	
<b>Student Information</b>	<b>Employee Information</b>
Full Name: Student ID: Program Term: Contact Number:	Employee Name: Employee Email:
<b>Safety Concern Description:</b>	
<input type="checkbox"/> Walking/working surfaces – slips/trips/falls <input type="checkbox"/> Facilities, housekeeping, maintenance <input type="checkbox"/> Building access, lighting <input type="checkbox"/> Other (please specify) _____	Time Observed: Date Observed: Location:
<b>Detailed Description</b>	

<b>Part B: Safety Concern Review – Completed by the Supervisor</b>
<b>Supervisor Information</b>
Name: Contact:
Has the safety concern been solved? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Conclusion</b>

Supervisor Signature:

Date:

**After completing Part B, return the form to the student/employee who submitted the concern for review and send to [studentservices@queenscollege.ca](mailto:studentservices@queenscollege.ca) .**