



Health and Safety Concern Form

Submit this form to the on duty STO

Please keep a copy for yourself and send a copy via email to;

healthandsafety@division660.ca

services.headendevents@alstomgroup.com

luke.nash@alstomgroup.com

aleks.pesic@alstomgroup.com

ryan.bobier@alstomgroup.com

kevin.hanlon@alstomgroup.com

colin.sheldon@alstomgroup.com

Employee name:

Date: _____

Location of hazard: _____ Metrolinx Facility/Property: Yes ☐ or No ☐

Description of Issue:

[illegible]Alstom Supervisor advised Yes ☐ or No ☐

New Issue -Yes ☐ or No ☐

Ongoing concern-Yes ☐ or No ☐

Supervisor's name: _____

Date: _____ Time: _____

For Supervisor Use:

Concern escalated to;

Name of Supervisor at Metrolinx:

Date: _____ Time: _____

Escalation follow up completed by:

Name: _____ Date/Time: _____

A response should be provided to the Joint Health and Safety Committee for their meeting