



## 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](mailto:healthandsafety@division660.ca)

[services.headendevents@alstomgroup.com](mailto:services.headendevents@alstomgroup.com)

[luke.nash@alstomgroup.com](mailto:luke.nash@alstomgroup.com)

[aleks.pesic@alstomgroup.com](mailto:aleks.pesic@alstomgroup.com)

[ryan.bobier@alstomgroup.com](mailto:ryan.bobier@alstomgroup.com)

[kevin.hanlon@alstomgroup.com](mailto:kevin.hanlon@alstomgroup.com)

[colin.sheldon@alstomgroup.com](mailto:colin.sheldon@alstomgroup.com)

Employee name: \_\_\_\_\_

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

Location of hazard: \_\_\_\_\_ Metrolinx Facility/Property: Yes  or No

Description of Issue:

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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: \_\_\_\_\_

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