

BELLEVILLE FIRE DEPARTMENT
JOINT OCCUPATIONAL HEALTH
AND SAFETY COMMITTEE

SAFETY CONCERN FORM

PLATOON: _____

STATION NO. _____

CONCERN: _____

POSSIBLE SOLUTION TO
CONCERN: _____

HAVE YOU DISCUSSED THIS WITH YOUR OFFICIER? _____

REPORTED BY: _____ DATE: _____

SIGNATURE OF OFFICER IN CHARGE: _____ DATE: _____

SIGNATURE OF SAFETY COMMITTEE: _____ DATE: _____