

Employer Response: (attach a separate sheet if necessary)
(Note to employer: In your response, if you accept this recommendation please include a time frame for completion. If you reject the recommendation please include your reasons.)

Signature:
(Department Head or Designate)
Date Returned:

Committee Comments: (Note any follow-up or additional action required by the Committee.)

Signature: *Darcece Tomya*

Email: d.tomya@safetyalliancebc.ca






Formal Mgmt Recommendation 2023 (R2)

Final Audit Report

2023-07-10

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