

Joint Health and Safety Committee Recommendation Form

To: _____	Date: _____
From: Joint Health and Safety Committee	
(Co-Chair Signature – Employer Representative)	(Co-Chair Signature – Worker Representative)
Please respond by: Email _____ (Within 21 calendar days.)	
OH&S Issue: (Give a short, clear and complete description of the issue. Describe what, why, who, where and when.)	
Committee Recommendation: (attach a separate sheet if necessary) (Make sure the recommendation deals with workplace health and safety. Include reasons for your recommendation. For complex issues, list options, steps involved and suggested time frame for implementation/completion.)	
cc: Appropriate Manager, Safety Coordinator, CEO, etc.	
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.)	