



Joint OH&S Committee Recommendation

To: _____

Date: _____

From: **Joint OH&S Committee**

Co-Chair Signature – Employer Representative

Co-Chair Signature – Worker Representative

Please Respond By: _____ *[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

[Include reasons for your recommendation. For complex issues, list options, steps involved and suggested time frame for implementation/completion. Attach another page if necessary.]

cc: Appropriate Manager, Safety Coordinator, etc.

Employer Response

[If you accept this recommendation, please include a time frame for completion. If you reject the recommendation, please include your reasons.]

Signature: _____

Date Returned: _____

Committee Comments *[Note any follow-up or additional action required by the committee.]*



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