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## Joint Health and Safety Committee (JHSC) Recommendation Form

The following recommendation is submitted on behalf of the JHSC.

Submitted to:		Date submitted:		
Employer co-chair:		Employee co-chair:		
A written response is requested by (date):				
HEALTH AND SAFETY HAZARD DETAILS				
Description	Department and location of concern	New concern? (Yes or no)	Recurring or unresolved concern? (Yes or no) (Include the date when the concern was initially identified.)	Supporting legislation
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No  Date the concern was first identified: ____ (date) ____	
COMMITTEE RECOMMENDATION (why the JHSC supports the recommendation)				
EMPLOYER RESPONSE				
<input type="checkbox"/> Employer accepts the recommendation, and it will be implemented by ____ (date) ____				
<input type="checkbox"/> Employer amends the recommendation and proposes an alternative solution for reasons explained below:				
<input type="checkbox"/> Employer amends the recommendation and proposes an alternative solution for reasons explained below:				
Signature: Employer Co-chair:		Date:		
Signature: Employee Co-chair:		Date:		
Signature: Employer:		Date:		