**Joint Occupational Health & Safety Committee Recommendation Letter**

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| **Date:** Click here to enter a date. **Recommendation #:** Click here to enter text.(e.g., JOHSC CODE -REC-year-1)**To:** Name, Title**From:** Name of Joint Occupational Health Safety Committee **Co-chair- Employer Representative:** Name, Title**Co-chair- Worker Representative:** Name, Title**Please respond in writing by:** Click here to enter a date. (Within 21 calendar days.) |
| **Occupational Health and Safety Issue:**(Give a short, clear and complete description of the issue. Describe what, why, who, where and when. Refer to relevant sections of the WCA or OHSR where applicable)Click here to enter text. |
| **Joint Occupational Health Safety 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. Indicate if recommendation was decided by consensus or voted on).Click here to enter text. |
| **Employer Response (attach a separate sheet if necessary):**(Note to the 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.)Click here to enter text. **Employer Name:** Click here to enter text. **Date Returned:** Click here to enter a date. |
| **Joint Occupational Health and Safety Committee Comments:** (Note any follow-up or additional action required by the Committee.)Click here to enter text. |