



Joint Health and Safety Committee
NOTICE OF RECOMMENDATION FORM

Recommendation Number:

Date Submitted

Re:

We Recommend:

Reason(s) for Recommendation(s):

Signed:

Worker Co-Chair

Management Co-Chair

**AS PER SECTION 8(12) OF THE OCCUPATIONAL HEALTH AND SAFETY ACT
EMPLOYER MUST RESPOND TO THIS RECOMMENDATION IN WRITING WITHIN 21 DAYS OF RECEIPT**