



Health & Safety Site-Based Committee Recommendation

To: _____	Date: _____
From: Health & Safety Site-Based Committee	
School: _____	Courier No.: _____
_____	_____
<i>(Co-Chair Signature – Employer Rep)</i>	<i>(Co-Chair Signature – Worker Rep)</i>
Please respond by: _____ (within 21 calendar days.)	
H & S Issue: <i>(Give a short, clear & complete description. Describe what, why, who, where and when)</i>	
Committee Recommendation: <i>(attach a separate sheet if necessary) (Ensure recommendation deals with workplace health & safety. Include reasons for recommendation and, if necessary, list options, steps involved and suggested time frame for implementation/completion)</i>	
Employer Response: <i>(attach a separate sheet if necessary) (Note to employer: if you agree with recommendation, please include a time frame for completion, if you don't, please include your reasons.)</i>	
Signature: _____	Date Returned: _____
<i>(Principal/Supervisor/Manager)</i>	
Committee Comments: <i>(Note any follow-up or additional action required by the Committee.)</i>	