

Recommendation form

The joint committee uses this form to submit a recommendation to the employer for the improvement of workers' health and safety [OHSA, 9(18)(b)]. The employer must respond in writing within 21 days and provide a timeline for implementation of the recommendation or reasons for disagreement [9(20),(21)].

Worker co-chair:	Management co-chair:	Management co-chair:	
Date of inspection:	Issue #: Status: (Issue #: Status: (O)(R1,2,3)	
Department:	Supervisor:	Supervisor:	
Description	Recommendation	Supporting law	
D			
Date of recommendation:	Submitted to:		
Additional information:			
Note: Written rec	ommendations require a response within 21 days [OHSA 9(20)]	
Management agrees Po	commendation will be implemented by		
	nent the control as explained below, or		
	plement recommendation for the reason		
Signature:	Title:	Date:	
Signature.	Title.	Date.	