

Recommendation form

Worker Co-Chair: _____
 Date of Inspection: _____
 Department: _____

Management Co-Chair: _____
 Issue #: _____ Category: (O)(R_{1,2,3}...) _____
 Supervisor: _____

The following recommendation is submitted on behalf of the joint committee:

Description	Recommendation	Supporting Law
Date of Recommendation:	Submitted to:	
Additional information:		
Note: Written recommendations require a response within 21 days [OHS 9(20)]		
<input type="checkbox"/> Management agrees. Recommendation will be implemented by _____. <input type="checkbox"/> Management will implement the control as explained below, or <input type="checkbox"/> Management will not implement recommendation for the reasons explained below:		
Signature	Title	Date:

