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| Name Joint Health and Safety Committee Meeting Formal Recommendation |

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| **Date Issued** | Click or tap to enter a date. | **Response Due** | Click or tap to enter a date. |
| **Location** |  | | |
| **To** | *Name, Title* | | |
| **From** | *Name, Title, Co-Chair*  *Name, Title, Co-Chair* | | |

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| **Issue / Hazard Identified** |
| *Give a clear and complete description of the issue Describe what, why, who, where, and when* |
| **Resolution Attempted by Committee** |
| *What has been attempted by the committee to resolve the issue, if any* |

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| **Recommendation from Committee** |
| *Include recommendation on how to resolve the matter described above Include rationale for your recommendation If applicable, include options and pros and cons of each* |
| **Committee Decision** |
| *Whether the recommendation was consensus or voted Date decision was made* |