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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 issueDescribe 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 aboveInclude rationale for your recommendationIf applicable, include options and pros and cons of each* |
| **Committee Decision** |
| *Whether the recommendation was consensus or votedDate decision was made* |