Joint Health & Safety Committee
Notice of Recommendation Form

Recommendation Number: _____ Submitted to: _____

Date:_____ Location: _____

Re: _____

_____

Recommendations: _____

_____

_____

_____

_____

_____

_____

_____

_____

Reasons for Recommendations: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signed: _____ _____

Worker Co-Chair Management Co-Chair

SAFE HOSPITALITY

Be Responsible - Think Safety