

Appendix 17: Recommendation to Management

DATE : _____ SITE : _____

RE : _____

REASON FOR RECOMMENDATION: (please provide a description of occurrence, violation, etc. and location or contractor involved)

REQUIREMENTS FOR IMPLEMENTATION: (please provide any supporting information or documentation for your suggestions)

DATE PRESENTED TO MANAGEMENT: _____ \ _____ \ _____

RECOMMENDATION PRESENTED TO: _____

EXPECTED DATE OF RESPONSE: _____ \ _____ \ _____
(d) (m) (y)

NOTE: (THE OCCUPATIONAL HEALTH & SAFETY ACT STATES THAT AN EMPLOYER WHO RECEIVES WRITTEN RECOMMENDATIONS FROM A COMMITTEE SHALL RESPOND IN WRITING WITH IN 21 DAYS)

Appendix 17: Recommendation to Management

Management's Response

DATE : _____ SITE : _____

RE : _____

COMMITTEE RECOMMENDATION:

DATE RECOMMENDATION WAS RECEIVED: _____ \ _____ \ _____
(d) (m) (y)

MANAGEMENT AGREE'S WITH THE RECOMMENDATION: (YES / NO)

NOTE: If management agrees with the recommendation(s), complete the next section of this form, however, if there is a disagreement with or alternative to the recommendation(s), please provide reasons or explanation.

IMPLEMENTATION TIMETABLE FOR RECOMMENDATION:

DISAGREEMENT WITH, OR, ALTERNATIVE TO, RECOMMENDATION:

DATE RETURNED TO COMMITTEE: _____ \ _____ \ _____
(d) (m) (y)

Management Co-chairperson

Labour Co-chairperson

- cc. Project Manager
 Worker Co-chairperson
 Management Co-chairperson