

14.4 – Safety Committee Recommendations



General

To:	Date:
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Safety Issue

Describe:

Committee Recommendation

Describe:
Respond by (date):

Co-chair Signatures

Worker Rep:	Employer Rep:
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Employer Response

Recommendation approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe:	

Employer Signatures

Employer:	Date:
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Committee Follow-up

Describe: