



JOINT LOCAL SAFETY COMMITTEE RECOMMENDATION FORM (LSC)

To: Dean / Director / Manager / Supervisor **Name:** _____

University Safety Committee co-Chairs *(for unresolved issues only)*

From: _____
(LSC name)

(co-Chair – Employer Representative)

(co-Chair – Worker Representative)

Please respond by: _____ (within 21 calendar days).

Health and Safety Issue:

(Give a short, clear and complete description of the issue. Describe what, why, who, where and when. If referring issue to USC, describe steps taken to date).

Committee Recommendation: (attach a separate sheet if necessary)

(Make sure the recommendation deals with workplace health and safety. Include reasons for your recommendation. For complex issues, list options, steps involved and suggested time frame for implementation/completion).

Response by: Employer or University Safety Committee

(Note to employer: In your response, if you accept this recommendation, please include a time frame for completion. If you reject the recommendation please include your reasons).

Name: _____
(Department Head or Designate)

Date Returned: _____

Committee Comments:

(Note any follow-up or additional actions required by the Committee).

