JOINT HEALTH & SAFETY RECOMMENDATION

Response #Date

Response to recommendation received on:

**Management agreed with the recommendation: Yes / No**

*Note: If management agrees with the recommendation, complete the next section of this form. However, if there is disagreement with or an alternative to the recommendation, please provide reasons or explanation.*

**Implementation of recommendation:** *(timetable, actions taken or to be taken, etc.)*

**Disagreement with, or, alternative to, recommendations:**

Date recommendation returned to the JHSC:

Responding management signature:

Response received by the JHSC on: