### **Sample Recommendation – Basic Issue**

The following example shows a completed Joint Health and Safety Committee Recommendation for a basic ‘fix it’ item.

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| To: | *Ms. Fix It (Maintenance Manager)* | | | | Date: | | *February 11, 2018* |
| From: | **Joint Health & Safety Committee** | | | |  | |  |
|  | *A. Trip* | | | |  | | *I. Fall* |
|  | (Co-Chair Signature – Employer Representative) | | | | (Co-Chair Signature – Worker Representative) | | |
| Please respond by: | *March 3* | | | | *(Within 21 calendar days.)* | | |
|  |  | |  | | | |  |
| **OH&S Issue:** *(Give a short, clear and complete description of the issue. Describe what, why, who, where and when.)*  *On February 2 an incident occurred when a worker tripped on a loose floor tile at the back entrance. The person fell but was not injured. In the December and January Inspection Reports, this loose tile was an action item and a ‘fix’ order was sent to maintenance. The loose floor tile has still not been corrected.* | | | | | | | |
| **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.)*    *Loose floor tile at back entrance must be repaired without delay. This formal recommendation has been completed due to lack of action on this identified hazard. Note OH&S Regulation 4.39(1) “Floors…must be maintained in a state of good repair”.* | | | | | | | |
| **cc:** *Ms. North (CEO)* | | | | | | | |
| **Employer Response: (attach a separate sheet if necessary)** | | | | | | | |
| *(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.)* | | | | | | | |
| *The Inspection Reports were lost/misfiled. A back order on the floor tile was expedited by Purchasing. Maintenance fixed the loose floor tile on Feb. 18.* | | | | | | | |
| **Signature:** | | | | | | *Ms. Fix It* | |
| (Department Head or Designate) | | | | | | | |
|  | | **Date Returned:** | | *Feb. 21/18* | | | |
| **Committee Comments*:*** *(Note any follow-up or additional action required by the Committee.)* | | | | | | | |
| *No further action required.* | | | | | | | |

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