

Guide to the Health and Safety Recommendation Form

This guide explains what information you should include when submitting a Health and Safety Recommendation Form to your Employer. If you have questions about the form or the process itself, email healthandsafety@unifor.org.

How to Complete Each Field

Recommendation Number

- ▶ Create a recommendation number to track the recommendation in the committee meeting minutes.
- ▶ Write this number in the field at the top right of each page in case printed pages get separated.

Date Recommendation Submitted

- ▶ This is the date you deliver the Recommendation to the Employer.

Health and Safety Issue/Concern/Hazard

Give a clear and complete description of the issue:

- ▶ Clearly identify what the health and safety issue/concern/hazard is. It helps to number each issue/hazard/concern if there are multiple related factors.
- ▶ Describe what, why, who, where, and when.
- ▶ Be sure to identify the root cause and not just the immediate symptom or casual factors.
- ▶ Provide an item number or other identifier from previous Joint Health and Safety Meeting Minutes, when appropriate.

Supporting Background Information

Include details like:

- ▶ Safety Complaints
- ▶ Hazard Assessments, Job Safety Analysis, Ergonomic Assessments



- ▶ Near Miss Reports
- ▶ Incident/Injury/Illness Reports
- ▶ Incident/Injury/Illness Investigations and their recommendations
- ▶ Work Refusals and Work Stoppages
- ▶ Company Policy or Procedures
- ▶ Regulator Intervention, Visits, or Orders
- ▶ Safety Legislation (Acts, Regulations, Codes of Practice and Guidelines)
- ▶ Safety Studies (ergonomic assessments, job demands analysis and time studies)
- ▶ Hygiene Reports (Indoor Air Quality, Exposure Assessments, Noise Surveys, etc.)
- ▶ Industry Best Practices and Standards (CSA, ACGIH, etc.)
- ▶ Number of employees potentially exposed to issue/concern/hazard
- ▶ Etc.

Committee Recommendation

- ▶ Make sure the Recommendation deals with workplace health and safety.
- ▶ Clearly outline the proposed health and safety Recommendation and rationale. Be sure to address the root cause and not just immediate symptom.
- ▶ Indicate the urgency.
- ▶ Indicate steps involved and timeframe for implementation.
- ▶ Include the potential seriousness of any injury/illness that could result if the issue is not addressed.
- ▶ Indicate any resources that will be able to assist in implementing the Recommendation.
- ▶ Provide information on specifications, benefits, costs (if applicable).
- ▶ If applicable include options and the pros and cons of each.
- ▶ If you need more space, use separate Recommendation sheet (included).

Add your own ideas, notes and best practices here!

Target dates:

- ▶ Define a proposed target date for completion of the recommended action(s).

Consensus:

- ▶ Indicate whether the Recommendation was reached through consensus of all committee members or unilaterally.

Employer Response:

- ▶ Note: If the employer declines to respond to the Recommendation, or the committee does not agree with the employer response or timelines, next steps may include escalating the health and safety issue to appropriate government health, safety, and environment inspectorates or Workers' Compensation Boards.



Recommendation Number:

Assign a number to track this recommendation in the committee meeting minutes. Include this number on each page of the submission.

Date Recommendation Submitted:

yyyy/mm/dd

Submitted To:

cc: Appropriate Manager, Safety Coordinator, Director, CEO, etc
Copy to Bargaining Unit President/Executive
cc: All Members of JHSC
cc: Post a copy in a conspicuous location for the workers

Health and Safety Issue/Concern/Hazard:

(Clearly identify the issue and give a short, clear and complete description. Describe what, why, who, where and when.)

Supporting Background Information:

(safety complaints, hazard assessments, near miss reports, incident/Injury/Illness reports, work refusals, company policy, regulator intervention or visits, safety legislation, safety studies, hygiene reports, exposure assessments, industry best practices, CSA standards, etc.)

Recommendation Number:

Committee Recommendation:

(Clearly outline the proposed health and safety recommendation and indicate the urgency, and proposed timelines. Attach a Supplemental Information sheet if you need more room.)

Target Date(s):

yyyy/mm/dd

yyyy/mm/dd

yyyy/mm/dd

This Recommendation is submitted with the consensus of the Joint Health and Safety Committee.

OR

This Recommendation is submitted by the Unifor Health and Safety Committee members, developed unilaterally.

Signed:

Co-Chair, Union

Co-Chair, Management

Recommendation Number:

Supplemental Information, Regarding:

Specify which section this additional information responds to in the field above.

EMPLOYER DETAILED RESPONSE

Recommendation Number:

Note to employer: In your response, if you accept this Recommendation, please include a timeframe for completion. If you reject the Recommendation, please include your reasons. Attach a separate sheet if necessary.

This Recommendation is accepted.

OR

This Recommendation is rejected.

Employer Response:

Date Resolved (if applicable):

yyyy/mm/dd

Signatures:

Employer or Employer Designate

Manager/Director

PRINT

SIGNATURE

PRINT

SIGNATURE

Date Response Returned to Committee:

cc: Appropriate Manager, Safety Coordinator, Director, CEO, etc.

cc: Copy to Bargaining Unit President/Executive

cc: All Members of JHSC

cc: Post a copy in a conspicuous location for the workers

yyyy/mm/dd