**OHS Committee Recommendation Form Sample**

Please note the following document is a sample. Review carefully and modify this document to meet the needs and requirements of your organization.

Date:

Issue:

Recommendation:

Target date/Follow up by:

Employer Co-chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Worker Co-chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_