

SAMPLE using TEMPLATE 2

Title: 5.1(a), (b) Worker Representative	Date of Issue: July 2005
Approved by: John Idnc	Review / Revise Date: July 2006
Location: all facilities	

The Worker Representative name(s) along with work locations will be posted in a conspicuous workplace location.

Selection process for the Worker Representative:

The worker representative will be elected by their peers. Individuals can volunteer or be nominated. An election will be held to select the 1 representative per shift. In order to be elected the person must receive 65% of the votes cast.

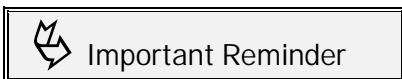
The term as a Health and Safety representative is 2 years from the date of election.

Replacement Process of a Worker Representative: should an elected representative not be able to continue. The previous election results (not more than 2 years old) will be used to select the person receiving the next amount of votes.

Submission of Recommendations:

- Why: A function of the Worker Representative is to make recommendations to the employer and the workers for the improvement of the health and safety of the workers
- Who can submit: The Worker Representative will submit their recommendations on the company recommendation form within 3 days of the hazard identification.
- Who is it submitted to: The employer (management).
- What can be submitted: Any health and safety recommendation to rectify a situation that may be a source of danger or hazard to a worker(s).
- When: As soon as the source of danger or hazard is identified which must be within 3 working days.
- How: In writing on the company's recommendation form.

Approval signature: <i>John Idnc</i>	
Distribution to: all facilities, Senior Management, JHSC	Document to be posted: Yes



This element refers to employers who have 6 to 19 workers (this total includes all management up to and including the owner).

SAMPLE – Health & Safety Representative Recommendations to Management

Facility:

Date(s):

RE:

Reasons for recommendation:

Requirements for implementation (supporting documentation may be attached)

Date presented to management: _____ / _____ / _____
Day Month Year
(the date of this recommendation becomes the reference number)

Submitted by: _____

Recommendation presented to: _____

Expected date of response: _____ / _____ / _____
Day Month Year

Note: The Occupational Health and Safety Act (OHSA) states that an employer who received written recommendations from the worker health and safety representative shall respond in writing within 21 days.

Sample – Management response to the Health & Safety Representative recommendations

Facility:

Date(s):

RE: Response to recommendations received on

Date recommendation received by management: _____ / _____ / _____
Day Month Year

Management agrees with the recommendation (circle): 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 for recommendation (timetable, actions taken, actions to be taken, etc.)

Disagreement with, or, alternative to, recommendations

Date recommendation returned to the Health & Safety Representative:

_____ / _____ / _____
Day Month Year

Responding Management signature: _____

Response received by Health & Safety Representative on: _____ / _____ / _____
Day Month Year