**MCMASTER UNIVERSITY**

**MANAGEMENT RESPONSE TO**

**(name) JOINT HEALTH & SAFETY COMMITTEE**

**RECOMMENDATION TO MANAGEMENT**

**DATE:**

**TO:  *Worker Co-Chair & Mgmt. Co-Chair***

**FROM: *Responding Mgmt*.**

**RE: Response To Recommendation Received On *(date)***

**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 for explanation.

**Implementation for recommendation (timetable, actions taken, actions to be taken, etc.).**

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

**Date recommendation returned to the *(name)* Joint Health & Safety Committee:**

***\_\_\_\_/ \_\_\_\_\_\_/ \_\_\_\_***

***day month year***

**Responding Mgmt. signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Response received by the (name) Joint Health & Safety Committee on:**

**\_\_\_\_/ \_\_\_\_\_\_/ \_\_\_\_\_**

**day month year**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Worker Co-Chair Mgmt. Co-Chair**