**Date:** Click here to enter a date.

**To**: Employer (e.g. Dean, Director, Manager, Supervisor, or management employee with authority to action the recommendation)

**Employer:** <<Name, Title>>

**From:** University Safety Committee (at least one co-Chair must be named in support of the recommendation)

**Co-Chair (Employee Representative):** <<Name, Union Affiliation>>

**Co-Chair (Employer Representative):** <<Name, Title>>

**Cc:** Occupational Health, Safety & Environment [**ohs@uvic.ca**](mailto:ohs@uvic.ca)

**Response deadline as per WSBC**: Click here to enter a date. (within 21 calendar days).

**Health and Safety Issue:**

*(Give a short, clear and complete description of the issue. Describe what, why, who, where and when. Refer to relevant sections of the* [*Workers Compensation Act*](https://www.worksafebc.com/en/law-policy/occupational-health-safety/workers-compensation-act) *or* [*Occupational Health & Safety Regulation*](https://www.worksafebc.com/en/law-policy/occupational-health-safety/occupational-health-safety-regulation)*, where applicable.*

**USC Committee Recommendation: (attach additional pages if necessary)**

*(Make sure the recommendation deals with workplace health and safety. Include reasons for the recommendation. For complex issues list options, steps involved and suggested time frame for implementation/completion).*

**Employer Response: (attach additional pages if necessary)**

*(Note to employer: if the recommendation is accepted please include a time frame for completion. If the recommendation is rejected, please include the reasons).*

Employer Name, Title:

Date Returned to USC: Click here to enter a date.

**USC Committee Comments:**

*(Note any follow-up or additional actions required by the Committee).*