



**Work Place Health and Safety Committee /
Health and Safety Representative**

REFERRAL TO POLICY HEALTH AND SAFETY COMMITTEE

Referring Work Place Committee / Representative:	
Date of Referral:	
Name of Employee Co-Chair:	
Name of Employer Co-Chair:	
Local Employer's written response to issue being referred	
Statement of Issue:	
Committee Comments :	

Note: All supporting documentation must accompany the Referral Form, including the minutes of all Work Place Health and Safety Committee meeting(s) held at the local level during which the issue was discussed.