

www.safecarebc.ca

Know your Joint Occupational Health and Safety Representatives

| Name | Job Title | Representative: Employer (E) Worker (W) | Location/Contact information |
|------|-----------|-----------------------------------------------|------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Have a question for your health and safety committee? Want to ensure that your working group has a voice at the table? Interested in joining the Joint Occupational Health and Safety Committee?

Reach out to a committee member!

Template provided by SafeCare BC www.safecarebc.ca