



JOHS Recommendation Form

Name _____

Date _____

Location/Building _____

Floor ____ Room# ____

JOHS Concern or Hazard:

(Describe the hazard or unsafe condition. Be sure to include all details and the exact location.)

JOHS Committee’s recommended action, in order of priority,

Concern	Recommended Action*
1.	
2.	
3.	
4.	

**Include recommendations you have to address the hazard and prevent injuries.*

Complete above and forward to your Principal, Vice Principal or Supervisor.

Employers Response:

Date of Response: _____

Corrective Action(s):

Estimated Date of Completion: _____

Resolution completed: _____

Signature

Date: _____

JOHS Committee advised of resolution: _____

Signature

Date: _____