

# **Joint Health and Safety Committee** **Employer Representatives**

Production Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## **Employer Representatives of the Joint Health and Safety Committee**

Name	Title	Phone

*Note:*

The employer representatives on a joint committee must be selected by the employer from among persons who exercise managerial functions for the employer and, to the extent possible, who do so at the workplace for which the joint committee is established. (ref. Worker's Compensation Act 129(1)).

A joint committee must have at least 4 members, and at least half of those members must be worker representatives (ref. Worker's Compensation Act 127)

See <https://www.worksafebc.com/en/health-safety/create-manage/joint-health-safety-committees> for additional information regarding joint health and safety committees.

Send a completed copy of this form to the BC Council of Film Unions, [contactus@bccfu.com](mailto:contactus@bccfu.com), 9/310B – 555 Brooksbank Avenue, North Vancouver, BC V7J 3S5. Phone: (604) 983-5531 Fax: (604) 983-5539

Please advise the BC Council should any of the above information change.