

HEALTH AND SAFETY COMMITTEE IDENTIFICATION FORM



Public Service Alliance of Canada
Alliance de la Fonction publique du Canada

POLICY HEALTH AND SAFETY COMMITTEE

EMPLOYER: _____

NAME OF COMMITTEE MEMBERS (EMPLOYEE REPRESENTATIVES):

Employee Co-Chair: _____

Component: _____

Mailing Address: _____

Phone Number: (_____) _____

Fax Number: (_____) _____

E-mail Address: _____

Committee Member: _____

Component: _____

Mailing Address: _____

Phone Number: (____) _____

Fax Number: (____) _____

E-mail Address: _____

Committee Member: _____

Component: _____

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